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**One Hundred And Twenty-Ninth
ANNUAL REPORT**

OF THE

**South Carolina State
Hospital**

FOR THE YEAR ENDING JUNE 30, 1952



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STATE DOCUMENTS

Printed Under the Direction of the
State Budget and Control Board

One Hundred And Twenty-Ninth ANNUAL REPORT

OF THE

South Carolina State Hospital

FOR THE YEAR ENDING JUNE 30, 1952



Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA STATE HOSPITAL

THE SOUTH CAROLINA MENTAL HEALTH COMMISSION

(Formerly The Board of Regents)

GEORGE A. BUCHANAN, JR., Chairman	Columbia
MRS. WM. R. WALLACE	Chester
OLIN B. CHAMBERLAIN, M.D.	Charleston
WILSON W. HARRIS	Clinton
C. M. TUCKER, JR.	Pageland

MEDICAL STAFF

Full Time

W. P. BECKMAN, M.D.
Superintendent
State Mental Health Authority

WILLIAM S. HALL, M.D.
Clinical Director

EDW. M. BURN, M.D.
GLENN B. CARRIGAN, M.D.
JOE E. FREED, M.D.
ELMER W. LONG, M.D.
WILBUR MERKLEY, M.D.
WM. G. MOREHOUSE, M.D.
GORDON R. WESTROPE, M.D.
Senior Assistant Physicians, Columbia Division

ALBERT M. EADDY, M.D.
EMMETT R. JOHNSON, M.D.
H. A. McELROY, M.D.
SOL. B. McLENDON, M.D.
Senior Assistant Physicians, State Park Division

MEDICAL STAFF

Part Time

GEORGE BENET, M.D.
Chief Surgeon

JAMES W. FOUCHE, M.D.
Chest Surgeon

HENRY F. HALL, M.D.
General Medicine

JOHN E. HOLLER, M.D.
Tuberculosis

GEORGE R. LAUB, M.D.
Eye, Ear, Nose and Throat

CLAUDE K. LINDLER, M.D.
General Medicine

CHAS. J. LEMMON, JR., M.D.
Neurosurgeon

BEN. N. MILLER, M.D.
Internal Medicine

AUSTIN T. MOORE, M.D.
Orthopedic Surgeon

THOS. A. PITTS, M.D.
Roentgenologist

JOHN R. TIMMONS, M.D.
General Surgeon

JAMES CONWAY SMITH, D.D.S.
Dentist, Full Time, Columbia Division

FRED G. JENKINS, D.D.S.
Dentist, Part Time, State Park Division

MRS. MYRTLE E. MACKEY, R.Ph.

MEDICAL AUXILIARY SERVICE

HOWARD W. PASCHAL
Chief Clinical Laboratory Technician

HARRY C. ALLISON
Chief X-ray Technician

CLIFTON C. GEIGER
Chief Electroencephalograph Technician

ETHEL SHARPE
Chief Social Service

MRS. LILLIAN B. McINTOSH
Director Occupational Therapy

MRS. ELLA B. AIKEN
Librarian

MRS. FRANCES C. SHIMMEL
Director Recreational Therapy

NURSING DIVISION

BEULAH L. GARDNER, R.N.
Director of Nurses

MARTHA MOORE BRADLEY, R.N.
Director Nursing Education

CHAPLAINS

REV. J. OBERT KEMPSON
Columbia Division

REV. ROBERT H. WILSON
State Park Division

ADMINISTRATIVE DIVISION

LAUREN W. SHELLEY
Business Manager

THOS. F. STEVENSON, SR.
Treasurer

JOHN W. WHITEHOUSE
Personnel Director

MEDICAL SUPERINTENDENTS

1. JOHN WARING PARKER, M.D.
January 1, 1837-1870
Recalled as assistant physician 1876
Remained until death October 11, 1882
2. JOSHUA FULTON ENSOR, M.D.
August 5, 1870-December 31, 1877
3. PETER E. GRIFFIN, M.D.
January 1, 1878-May 1891
4. JAMES WOODS BABCOCK, M.D.
August 1, 1891-March 14, 1914
5. T. J. STRAIT, M.D.
March 17, 1914-May 1, 1915
6. CHARLES FREDERICK WILLIAMS, M.D.
May 1, 1915-May 1, 1945
7. COYT HAM, M.D.
May 1, 1945-January 1, 1949
8. WM. PETER BECKMAN, M.D., Acting Superintendent
January 1, 1949-October 1, 1949
9. CLEVE C. ODOM, M.D.
October 1, 1949-July 1, 1951
10. WM. PETER BECKMAN, M.D.
July 19, 1951

REPORT OF THE REGENTS

Columbia, S. C., July 1, 1952

*To His Excellency, James F. Byrnes
Governor of South Carolina:*

The South Carolina Mental Health Commission, the Board of Regents of the South Carolina State Hospital, submits herewith to you and to the General Assembly its one hundred and twenty-ninth report, for the fiscal year 1951-1952.

The year 1951-1952 will stand out as a memorable one in the history of the S. C. State Hospital. As a result of the work of the Joint Committee appointed to study public and private mental health facilities of South Carolina and of Your Excellency's eloquent appeal on the hospital's behalf in your annual message, there was appropriated for the fiscal year 1952-1953 \$5,000,000 for permanent improvements at the State Hospital, and the State Training School. This constitutes the most substantial appropriation of funds at any one time for the State Hospital for the purpose of its permanent improvement.

The Joint Committee on Mental Health, headed by Representative Werber Bryan of Sumter, made a thorough inspection of the hospital, with the members satisfying themselves, as anyone must be satisfied who visits the institution and sees its condition, of its very real and very great needs.

In addition, in response to Your Excellency's invitation, a large number of members of the General Assembly visited the hospital to make a personal inspection of at least a portion of it. Not one of them, we are persuaded, went away with a feeling that South Carolina could in good conscience delay any longer the initiation of a substantial building program for that too long neglected institution.

The \$1,000,000, appropriated to the hospital for permanent improvements by the General Assembly in 1946, was supplemented by Federal funds to the extent of \$613,609.11, providing in round figures \$1,500,000 of new construction as well as some additional equipment and repairs. This has now been exhausted—the money spent or allocated. No more Federal aid will be available until the teaching hospital at Charleston has been completed, if then.

During the current fiscal year Building No. 3 at the Columbia Division, used for the housing of tuberculous patients, was en-

larged so as to handle both males and females suffering from tuberculosis. This enlargement made available an additional 100 beds for other patients in an identical building, heretofore used for tuberculous patients.

The reconstruction of Building No. 13 at State Park, which had been partially burned, restored 100 beds to the capacity of that institution.

The Commission, recognizing the greater needs of the State Hospital and carrying out its understanding of the legislative intent, will devote most of the \$5,000,000 appropriated for the next fiscal year to construction at the State Hospital.

The worst situations at the hospital are the utterly inadequate buildings for the housing of disturbed patients and the almost equally inadequate central kitchen at the Columbia Division. In making its report the Joint Committee declared: "These improvements shall include among other things, a building to replace the Taylor Building and a central kitchen at the Columbia Division." Of the Taylor Building, condemned by health authorities years ago but still used to house disturbed male patients, the committee declared: "The entire building is unfit for use. In spite of this, the management at the hospital finds it has to waste money propping up the floors and otherwise trying to keep the building safe for the reason there is no other place to put the patients."

The Commission has, therefore, been devoting its attention to the design at the Columbia Division of a modern central kitchen, large enough to supply nutritious and palatable food to the 3,000 patients, and to the design of ward buildings large enough to take care of the disturbed patients of both sexes. In this study representatives of the Commission and of the hospital with the hospital's architects have visited State hospitals in Maryland, Virginia, North Carolina and Georgia, inspecting new construction. The Commission also has consulted the construction planning resources of the American Psychiatric Association and of the Division of Hospital Facilities Unit, Public Health Service.

Out of this study has come two designs for disturbed patients' buildings, as good as any such construction the members of the Commission have seen for this purpose and better, we believe, although less expensive than most of them. Each of these struc-

tures will be duplicated for the two sexes and together will be capable of housing 608 patients.

Since the Taylor Building will be destroyed as soon as patients may be moved out of it, the actual capacity of the hospital will be increased, therefore, only by about 300 beds.

In studying the central kitchen needs, the Commission has abandoned any attempt to enlarge the existing kitchen and is now working on plans to construct a new combined kitchen and bakery attached to and adjoining the existing warehouse, which would also be enlarged by the addition of deep freeze storage facilities to enable the hospital to purchase advantageously frozen foods in carload lot quantities. These facilities, the Commission believes, should be large enough to provide for the normal growth of the institution and space will, therefore, be provided for the addition of other equipment, when such additions become necessary.

By moving the kitchen from its present location it will become possible to enlarge the existing congregate dining rooms, also an imperative need of the hospital.

These additions to the hospital plant will of necessity require the enlargement of the existing central heating system at the Columbia Division, since it has not been designed with any reserve capacity.

At the State Park Division the Commission plans to renovate Building No. 1, replacing existing electrical wiring and plumbing to meet at least the minimal standards of safety and sanitation. Structurally, this building is sound and when the work of renovation has been completed, the hospital should have in it not a modern but certainly a good building.

Some smaller projects—an X-ray building for State Park, which eventually would become a part of the infirmary, among them—are also contemplated. The X-ray equipment for this building will become available in the next fiscal year. Heretofore patients from the State Park Division, requiring X-rays, have had to be transported to the Columbia Division for this service. Such a practice promotes neither the efficiency of the hospital's operations nor the safety and comfort of the patients.

The construction program will, of course, contribute greatly to the hospital's improvement, but no one should delude himself that \$5,000,000 will make a modern mental hospital out of an

institution that has been neglected as long as the State Hospital has and has deteriorated to the extent that it has been allowed to deteriorate. Twenty years ago the State Hospital housed 3,407 patients. Now the hospital population has climbed above the 5,300 mark. The bed capacity of the hospital, by the Public Health Service standards, is only 3,584. The hospital is, therefore, 50 per cent overcrowded. Actually conditions in some areas are worse than these over-all figures indicate. Patients must be classified and grouped and the sizes of these groups vary widely. This overcrowding is just about equally divided between the Columbia and the State Park Divisions. To relieve it both institutions would have to be enlarged by more than 50 per cent. And while this enlargement was taking place, the hospital would continue its present growth at a rate of approximately 100 patients a year.

What has been begun in the appropriation of this first \$5,000,000—and the Commission is persuaded that not more than \$5,000,000 can be wisely expended in any one year at the hospital—must be continued before South Carolina can begin to feel that it has accomplished what it wants to accomplish for those of its citizens suffering from mental disease. And mental illness touches at one time or another virtually every family in South Carolina.

The chief emergency needs of the hospital after this \$5,000,000 has been spent will be in four areas: more bed space for patients, adequate recreational facilities for both divisions, additional active treatment facilities at the Columbia Division, and a modern medical and surgical hospital to serve both divisions.

The hospital of necessity is proposing to do little more than replace beds with this first surplus appropriation. Some of the overcrowding in those classifications where it is now worst will be relieved, of course, but the hospital when this work is done will still remain what it is today—one of the most overcrowded mental institutions in America. Other ward buildings, at both divisions, must be constructed. Recreation is a part of therapy in any mental hospital and adequate recreational facilities, both indoors and out, will contribute to the more rapid recovery of patients as well as make their stay in the hospital more comfortable and rewarding. The only indoor recreation area provided at the Columbia Division is a hall on the top floor of the Administration Building, the use of which must for safety's sake be too

rigidly restricted. Even so, it constitutes an invitation to disaster for the lack of adequate exits.

Mental patients suffer in addition to their mental diseases all of the ills that bedevil normal humanity. They must be hospitalized for tuberculosis, for pneumonia, for fractures, for operations of every kind. A separate building designed and equipped as a general medical and surgical hospital should replace the present make-shift facilities.

Annual admissions to the hospital have climbed above 2,000 a year and the active treatment areas of the hospital were not designed to take care of this load. This is an indication that the people of South Carolina are coming to recognize some of the earlier symptoms of mental disease and many of them to seek treatment at a time when the prognosis is good. If adequate facilities for active treatment were to be provided, the hospital could get a larger proportion of its first admissions out of the hospital in a shorter time, restoring them to normal and productive life. The great economic waste involved in any prolonged illness derives from the fact that the ill person, who might be maintaining himself and at the same time contributing to the State in the form of taxes, is deprived by his illness of the capacity to earn a living much less to make any contribution to others or to the State. And mental illness, discovered too late, is for all practical purposes, a terminal disease, even though the end may be delayed by care and treatment for years.

The personnel problems of the hospital remain as heretofore unsolved. The staff of the hospital is underpaid and overworked. Where the hospital has 13 psychiatrists it should have 52 to meet minimum standards. Where it has 23 nurses it should have 255. And so, also, for every other category of service rendered.

The medical staff, however, cannot be built up even to what it was 20 years ago until salaries are raised to a point where psychiatrists can be attracted to the hospital. Medical salaries have been increased, of course, but not enough as yet to serve this purpose and thereby to increase, as should be done, both the quality and the volume of treatment afforded by the hospital.

The nursing and attendant staff cannot be increased until the work hours are reduced. The Commission earnestly requests that the General Assembly make available next year money sufficient

to allow for the institution of a three-shift day and a 48-hour work week.

The other major result of the report of the Joint Committee was the enactment of a new Mental Health Code, based on the model Mental Health Act, modified to meet South Carolina's conditions.

This Act, seeking to establish a sound basis, for the administration of all State institutions operating in the field of mental health, created the South Carolina Mental Health Commission, by the device of re-naming the Board of Regents of the State Hospital and giving it jurisdiction as the central mental health authority to prescribe necessary forms, promulgate rules and regulations, promote research. In addition, the Commission was empowered to regulate, license and inspect all private and other institutions, operating in this State, providing in-patient care, treatment or training for the mentally ill, mentally defective, epileptic, senile, drug-addicted and alcoholic.

The archaic and sometimes undesirable and harmful terminology of the old laws was replaced by language based upon a recognition that those suffering from mental disease and mental deficiency are, like the victims of physical disorders, simply ill or handicapped persons. The entire admission procedures were re-cast to facilitate the admission of persons to the hospital for treatment and to minimize the chances of psychic trauma which existed in some of the old procedures.

This Act was approved March 7, 1952, after the enactment of the General Appropriations Bill. No money was available, therefore, to finance the additional work imposed by it upon the Commission either during the nearly four months of this fiscal year or during the next fiscal year.

Some functions, however, had to be performed with or without money since the Act supplanted and repealed all the laws under which both the hospital and the State Training School had operated. New forms, accommodated to the new procedures, had to be devised, printed and distributed to the Probate Courts of the State. Work has accordingly been begun, with the advice and counsel of the Attorney General's office, on devising the new admissions forms required by the law.

As a makeshift, Dr. W. P. Beckman, superintendent of the State Hospital, was named State Director of Mental Health,

combining this job for an ephemeron with the position of superintendent. It is recognized, however, that this can be only a transitory strategem. Each of these positions is a major job in itself, requiring the full time of separate organizations and personnel.

Included in the Appropriations Bill for fiscal 1952-1953 is an appropriation of \$28,000 for purposes paralleling the functions of the Central Office. The Commission is, therefore, asking approval of the State Budget and Control Board to use this sum for the purpose of setting up and operating the Central Office for a portion of next year with a skeleton force to perform those duties without which the new law would not function.

To the Governor, the General Assembly, the Joint Committee, the State Budget and Control Board, the Attorney General and other State departments, the Commission owes its thanks for services and assistance generously rendered.

To the employees of the State Hospital, it owes a debt of gratitude in the name of the people of South Carolina for a job well done under trying conditions.

Respectfully submitted

G. A. BUCHANAN, JR., *Chairman*

MRS. WILLIAM R. WALLACE

OLIN B. CHAMBERLAIN, M. D.

W. W. HARRIS

C. M. TUCKER, JR.

Board of Regents

South Carolina State Hospital

South Carolina Mental Health
Commission

SUPERINTENDENT'S REPORT

Columbia, S. C., July 1, 1952

To The South Carolina Mental Health Commission:

Gentlemen:

The superintendent has the honor to submit the following report of the activities of the South Carolina State Hospital for the year ending June 30, 1952.

MOVEMENT OF PATIENT POPULATION

At the beginning of the year there were on the books of the hospital 6,481 patients; 1,689 white men; 1,884 white women; 1,498 Negro men and 1,410 Negro women. Of the entire number, 1,147 were away on trial visit or otherwise absent.

During the year 1,960 patients were admitted: 683 white men; 610 white women; 346 Negro men and 321 Negro women. Of the total admissions, 1,483 entered the hospital for the first time; and 477 had been admitted previously.

Of the total admitted, 24 were on a voluntary basis. Theoretically voluntary admission to the hospital is a very desirable procedure. From the practical point of view this has not been too satisfactory. The patient soon becomes dissatisfied and leaves the hospital before any benefit can have been derived from his stay in the hospital. The provisions incorporated in the new Mental Health Act, Act 836, Acts of the General Assembly, South Carolina, 1952, will bring about improvement in this type of admission.

At the end of the year there were 6,668 patients on the books of the hospital. Of this number 5,506 were in the hospital and 1,162 were away on trial visit or otherwise absent.

During the year 1,397 patients were discharged from the books. This includes those discharged during the current year by reason of being without psychosis. Of the total discharged and returned to the community were 151 discharged because of being addicted to the use of alcohol or drugs and found to be without psychosis.

DEATHS

Of the 376 deaths, 120 were white men; 92 white women; 96 Negro men and 68 Negro women. Cardio renal vascular disease continues to be the leading cause of death.

COURT CASES

During the year 96 persons were committed to the hospital by the Courts of General Sessions and by the Juvenile Domestic Relations Courts for psychiatric examination.

COURT CASES

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Alcoholism, delirium tremens .....	..	..	1	..	1
Cerebral arteriosclerosis	1	1	..	..	2
Dementia praecox (schizophrenia):					
Catatonic	2	..	..	1	3
Paranoid .....	..	2	2	1	5
Other types .....	..	..	2	..	2
Manic depressive:					
Depressive	1	..	..	..	1
Manic	1	..	..	..	1
Paranoia and paranoid conditions	2	..	..	..	2
Psychoses due to unknown or hereditary cause but associated with organic change—with other disease of the brain or nervous system .....	..	..	1	..	1
Syphilitic meningo encephalitis .....	..	1	2	..	3
Total with psychoses	7	4	8	2	21
Without psychoses:					
Mental deficiency .....	..	..	5	..	5
Without mental disorder	55	1	12	2	70
Total without psychoses	55	1	17	2	75
GRAND TOTAL	62	5	25	4	96

COMMITTED BY ORDER OF GOVERNOR

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Mental deficiency	1	..	..	..	1
Dementia praecox (schizophrenia):					
Catatonic	4	..	..	..	4
Hebephrenic .....	..	..	1	..	1
Paranoia and paranoid conditions	1	..	..	..	1
Psychoneurosis, hysteria	1	..	..	..	1
Psychosis due to trauma, mental deterioration due to trauma ..	..	..	1	..	1
Total with psychoses	7	..	2	..	9
Without psychoses:					
Mental deficiency .....	..	..	1	1	2
Primary behavior disorder habit, and conduct disturbance ..	..	1	..	..	1
Without mental disorder	2	1	..	..	3
Total without psychoses	2	2	1	1	6
GRAND TOTAL	9	2	3	1	15

SPECIAL EXAMINATIONS AT THE SOUTH CAROLINA STATE PENITENTIARY

PSYCHOSES	White Men	White Women	Negro Men	Negro Women	Total
Dementia praecox (schizophrenia):					
Catatonic	2	..	..	..	2
Paranoid	2	..	..	..	2
Mixed type .....	..	..	1	..	1
Paranoia and paranoid conditions, paranoid condition	1	..	..	..	1
Psychoneurosis, hysteria	1	..	..	..	1
Syphilitic meningo-encephalitis (general paresis)	1	..	..	..	1
Total with psychoses	7	..	1	..	8
Without psychoses:					
Without mental disorder	20	..	..	..	20
Total without psychoses	20	..	..	..	20
GRAND TOTAL	27	..	1	..	28

GENERAL STATISTICS

July 1, 1951 through June 30, 1952

	White Men	White Women	Negro Men	Negro Women	Total
Patients on books of hospital at beginning of hospital year	1,689	1,884	1,498	1,410	6,481
Admissions during twelve months:					
First admissions	511	427	290	255	1,483
Re-admissions	172	183	56	66	477
Total received	683	610	346	321	1,960
Total on books during twelve months	2,372	2,494	1,844	1,731	8,441
Discharged from books during twelve months:					
Recovered	18	10	14	6	48
Improved	284	362	153	147	946
Unimproved	34	12	5	..	51
Without psychosis	212	88	43	9	352
Total discharged	548	472	215	162	1,397
Died during twelve months	120	92	96	68	376
Total discharged and died	668	564	311	230	1,773
Patients remaining on books at end of hospital year:					
In hospital	1,344	1,484	1,330	1,348	5,506
On trial visit or otherwise absent	360	446	203	153	1,162
Total	1,704	1,930	1,533	1,501	6,668
Daily average in hospital	1,319	1,459	1,305	1,286	5,369

MEDICAL SERVICE

On June 30, 1952 there were on duty 13 full time physicians (psychiatrists); 11 part time physicians; 31 registered nurses and 366 attendants:

The ratio of full time physicians (12) to patients was 1 to 459. The ratio of registered nurses available for ward duty (22) was 1 to 250 patients; and the ratio of attendants (366) was 1 to 15 patients. All of which indicated a critical shortage of medical service personnel.

The marked overcrowding of all the wards and the deteriorated state of many of the ward buildings added to the difficulties of rendering high quality care and treatment to patients. These handicaps were compensated for in a large measure by the excellent spirit of all the personnel.

The need for more employees in the medical services cannot be over emphasized. The personnel of this service (nurses and attendants) are required to operate on two-12 hour shifts a day. In spite of time off, the work-week consists of 60 hours a week during the day and 72 hours a week during the night shift. These excessively long hours make it difficult to secure new employees. In order to give the best medical care it is necessary to have an adequate number of employees on duty at all times during the day, and the only solution to this is to employ more medical personnel. In order to compete with other areas of employment it now appears necessary to operate the hospital on an 8 hour a day basis. In the medical service it would require three-8 hour shifts operating on a 48 hour week. Because of the urgency of this problem the hospital requested budget includes sufficient money for the employment of the needed personnel.

The entire staff of the United States Public Health Service Laboratory of Tropical Diseases has given much valuable aid to the medical staff, especially in the study and treatment of disorders associated with intestinal parasitic infestations and in the treatment of neurosyphilis with malaria.

Electro shock treatment was given to 1,723 patients.

During the year 30 patients had a transorbital leukotomy.

Numerous groups from elementary schools, high schools and colleges were escorted on tours through parts of the hospital during the year. Special clinics were held for psychology students.

MEDICAL STAFF DATA

On July 1, 1951 Dr. Wilbur Merkley, formerly with the State Homeopathic Hospital, Middletown, New York, joined the medical staff as a senior assistant physician at the Columbia Division.

On August 7, 1951 Dr. James Conway Smith of Onancock, Virginia, graduate of the School of Dentistry, Medical College of Virginia, Richmond, class of 1951, accepted the position of full time dentist at the Columbia Division, succeeding the two part time dentists, Dr. R. E. Christmus and Dr. Fletcher B. Matthews.

Dental service for patients at the State Park Division has heretofore been provided by the staff member from the Columbia Division who made regular visits there, and cared for the emergency cases in his office at the unit in the city. On June 6, 1951 Dr. Fred G. Jenkins of Columbia, graduate, Meharry Dental College, Nashville, Tennessee, became the first dentist assigned solely to State Park where he will give part time service.

Serving as junior interns during the summer were these rising juniors from the Medical College, State of South Carolina, Charleston: Messrs. John L. Plyler, J. Frank Rawls, Jr., John P. Darby, Edwin K. Fennel; Rexford H. Hunt, Jr., Paul W. Peeples, Ezra K. Aycock, Morry Lipton, Leo E. Kirvin, Jr. and Wm. M. Barr; and from the Duke University School of Medicine, Durham, North Carolina, Thomas E. Hair, Jr.

From October 1 through May 1951 two senior students from the Medical College, State of South Carolina, were assigned each week to the hospital for clinical training in psychiatry.

On December 6, 1951 in the Williams Building was held a Conference on Psychophysiological and Psychological Aspects of Psychosomatic Problems in General Practice, attended by representatives of the various South Carolina Medical Societies.

Dr. Milton Rosenbaum, Professor of Psychiatry, College of Medicine, University of Cincinnati, presented two papers entitled, "Psychophysiological Factors in Disease," and "Psychological Aspects of Various Psychosomatic Disorders."

Dr. Wm. G. Hollister, Senior Surgeon, Regional Mental Health Consultant, United States Public Health Service, Region 6, Atlanta, Georgia, conducted a group discussion on "Practical Methods to Provide Postgraduate Education for South Carolina Physicians in the Psychosomatic and Emotional Problems Encountered in General Practice."

On January 22, 1952 the twenty-first clinical meeting of the Southeastern Society of Neurology and Psychiatry was held in the Williams Building. The feature of the meeting was an

address by Dr. Fred E. Kredell, Professor of Neurosurgery, Medical College, State of South Carolina, Charleston, on "Recent Advances in Neurosurgery of Particular Interest to the Neurologist and Psychiatrist."

LABORATORY SERVICE

1. *Columbia Division*

The main laboratory, located at the Columbia Division, experienced an increase in work during the last fiscal year. New tests were introduced as called for by the resident staff and consultants. New equipment was purchased: such as cellophane covers for microscopes to prevent dust collection on lenses, a rotator for blood count pipettes, thus lowering the errors in blood counts.

In January the laboratory cooperated with the American Red Cross in the collection of blood donated by employees of the S. C. State Hospital. This project was divided into two operations, one at the Columbia Division and one at the State Park Division. The operation was very successful, and approximately 250 pints of blood were collected for the local blood bank.

2. *State Park Division*

The initial aim of the laboratory for the year 1950-1951 was carried over into the new year. Increase in the facilities and laboratory service at the State Park Division of the S. C. State Hospital continued. New tests were instituted, thus giving the medical staff more complete laboratory service.

New equipment was purchased: such as viewing boxes for blood types and cross matches, rotators for blood count pipettes thereby lowering the error in blood counts, and interval timers and Veeder counters for use in hematology.

The anticipated increase in work load at the State Park Division will require the services of an additional technician. It is hoped that the new technician will be employed in the near future.

The consolidated monthly reports for the fiscal year 1951-1952 are as follows:

Total examinations			32,742
	<i>State Park Division</i>	<i>Columbia Division</i>	
Bacteriology			1,155
Cultures	16	184	
Smears	193	487	
Animal inoculation	X	3	
Bacteria counts (milk)	X	272	
Chemistry			3,774
Glucose	X	1,110	
Bromides	X	1,310	
Non-protein nitrogen	X	381	
Creatinine	X	65	
Urea nitrogen	X	40	
Total protein (blood)	X	14	
Total protein (spinal fluid)	X	690	
Icterus index	X	15	
Van den Bergh	X	1	
Chlorides	X	9	
Cholesterol	X	13	
Gastric analysis	X	6	
P. S. P.	X	10	
Prothrombin time	X	4	
Calcium	X	4	
Glucose tolerance	X	3	
Butter fat (milk)	X	98	
Glucose (spinal fluid)	X	1	
Hematology			13,886
R. B. C.	197	310	
W. B. C. (blood)	578	2,089	
W. B. C. (spinal fluid)	1	771	
Hgb	577	2,112	
Differential count	592	2,117	
Bleeding time	6	15	
Coagulation time	7	5	
Sedimentation rate	418	1,842	
Hematocrit	407	1,838	
Bone marrow	X	3	
Platelet counts	X	1	
Parasitology			4,029

Blood (feces)	320	314	
Ova and parasites	1,010	2,382	
Malaria	1	2	
Urinalysis			3,108
Complete (color, reaction, sp. gr., sug., alb., micro.)	979	1,960	
Acetone	13	146	
Diacetic acid	X	8	
Sugar	X	2	
Serology			6,790
Flocculation (blood)	469	2,781	
Flocculation (spinal fluid)	X	764	
Complement fixation (blood)	X	576	
Complement fixation (spinal fluid)	X	781	
Colloidal gold	X	741	
Type and Rh	77	217	
Cross match	62	218	
Agglutinations	6	88	
Heterophile antibodies	X	7	
Darkfield	X	2	
Autopsy	X	1	
Totals	5,929	26,813	
GRAND TOTAL			32,742

X-RAY LABORATORY

	White Men	White Women	Negro Men	Negro Women	Total
Abdomen	4	19	8	7	38
Ankle, (left)	22	39	6	20	87
Ankle, (right)	12	32	3	..	47
Chest, (P. A.)	971	869	638	497	2,975
Colon	16	3	6	..	25
Elbow, (left)	14	22	2	2	40
Elbow, (right)	7	10	2	..	19
Femur, (left)	3	9	4	2	18
Femur, (right)	3	3	..	7	13
Foot, (left)	16	18	2	6	42
Foot, (right)	19	11	2	..	32
Forearm, (left) .....	..	2	..	..	2
Forearm, (right) .....	..	..	1	..	1
Gall-bladder	27	13	..	9	49
Hand, (left)	10	28	14	3	55
Hand, (right)	22	26	7	3	58
Hip, (left)	27	85	4	..	116
Hip, (right)	46	65	13	8	132
Humerus, (left)	20	20	5	6	51
Humerus, (right)	14	16	4	2	36
Jaw, (left) .....	..	6	6	2	14
Jaw, (right)	4	10	2	..	16
Kidney, urinary, bladder	48	30	5	4	87
Knee, (left)	3	23	12	9	47
Knee, (right)	5	15	10	1	31
Leg, (left)	20	13	4	..	37
Leg, (right) .....	..	19	1	4	24
Mastoids .....	..	2	..	..	2
Nose	3	2	..	..	5
Pelvis	4	11	1	3	19
Pregnancy .....	..	..	..	5	5
Ribs, (left)	6	4	1	3	14
Ribs, (right)	10	2	2	1	15
Sinuses	2	8	..	..	10
Skull	91	55	150	27	323
Spine, (cervical)	8	23	..	..	31
Spine, (lumbar)	30	82	14	7	133
Spine, (thoracic)	9	40	4	..	53
Stomach	16	5	2	..	23
Wrist, (left)	15	30	..	6	51
Wrist, (right)	1	29	..	5	35
Total X-ray Exposures	1,528	1,699	935	649	4,811
Basal metabolism rate	2	5	..	..	7
Electrocardiogram	23	22	..	..	45
X-ray treatment (superficial)	41	7	..	..	48
X-ray treatment (deep therapy) .....	..	..	..	32	32
GRAND TOTAL	1,594	1,733	935	681	4,943

DEPARTMENT OF ELECTROENCEPHALOGRAPHY

Electroencephalograms	59	90	30	6	185
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SURGICAL SERVICE

	Patients						Employees					
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Appendectomy .....	..	1	..	..	1		1	3	..	3	7	
Arteriogram .....	..	1	..	..	1		..	..	..	..	1	
Aspiration, blood fluid, elbow .....	..	..	..	..	..		..	..	1	..	1	
Biopsy:												
Breast .....	..	..	..	1	1		..	..	..	..	..
Burn, arm .....	..	..	1	..	1		..	1	..	..	1	
Carotid gland .....	..	1	..	..	1		..	..	..	..	..
Cervix .....	..	..	..	..	..		..	1	..	..	1	
Blood transfusion	24	41	4	3	72		..	..	..	4	4	
Bronchoscopy .....	..	4	3	..	7		1	..	..	..	1	
Bursectomy, elbow .....	..	..	..	..	..		..	..	1	..	1	
Cauterization, mouth, uterus .....	..	..	..	..	..		..	1	..	..	1	
Cholecystostomy .....	..	1	..	..	1		..	..	..	..	..
Colostomy	1	..	..	..	1		..	..	..	..	..
Dilatation and curettage .....	..	4	..	..	4		..	..	..	1	1	
Diverticulectomy .....	..	..	..	..	..		..	1	..	..	1	
Excision:												
Caruncle, urethra .....	..	1	..	..	1		..	..	..	..	..
vagina .....	..	2	..	..	2		..	..	..	..	..
Cyst, face	1	..	..	..	1		..	..	..	..	..
Mole, face .....	..	1	..	..	1		..	..	..	..	..
Tumor, face	1	..	..	..	1		..	..	..	..	..
mouth .....	..	1	..	..	1		..	..	..	..	..
Excision and removal:												
Fibroma, breast .....	..	1	..	..	1		..	..	..	..	..
Gastroectomy	1	..	..	..	1		..	..	..	..	..
Hemorrhoidectomy	2	1	..	..	3		..	..	..	..	..
Herniotomy	5	3	..	..	8		..	2	..	..	2	
Hysterectomy .....	..	3	..	1	4		..	2	..	..	2	
Incision and drainage:												
Abscess:												
Axilla .....	..	..	..	..	..		..	1	..	..	1	
Bartholin gland .....	..	1	..	..	1		..	..	..	..	..
Back .....	..	2	..	..	2		..	..	..	..	..
Breast .....	..	1	..	..	1		..	..	..	..	..
Buttock .....	..	4	..	..	4		..	..	..	..	..
Face	1	..	..	..	1		..	..	..	..	..
Finger .....	..	..	..	..	..		..	1	..	..	1	
Maxillary gland	1	..	..	..	1		..	..	..	..	..
Neck .....	..	3	..	..	3		..	..	..	..	..
Shoulder	1	..	..	..	1		..	..	..	..	..
Carbuncle:												
Arm	1	..	..	..	1		..	..	..	..	..
Back .....	..	1	..	..	1		..	..	..	..	..
Buttock .....	..	1	..	..	1		..	..	..	..	..
Fistula:												
Rectum .....	..	..	..	..	..		1	..	..	..	1	
Incision and removal:												
Cyst, neck .....	..	2	..	..	2		..	..	..	..	..
Foreign body, finger .....	..	..	..	..	..		..	1	..	..	1	
Mole, forehead .....	..	1	..	..	1		..	..	..	..	..
Splinter, finger .....	..	..	..	..	..		..	2	..	..	2	
Tumor, mouth .....	..	1	..	..	1		..	..	..	..	..
Laparotomy for intestinal obstruction, prolapse, rectum .....	..	1	..	..	1		..	..	..	..	..
Ligation varicose veins .....	..	2	..	..	2		..	1	..	..	1	
Masectomy .....	..	1	..	..	1		..	..	..	..	..
Paracentesis:												
Ear	1	..	..	..	1		..	..	..	..	..
Pleural cavity	1	..	..	..	1		..	..	..	..	..
Pneumoencephalogram .....	..	1	5	..	6		..	..	..	..	..
Proctoscopy .....	..	1	..	..	1		..	..	..	..	..
Rectopexy, prolapsed rectum .....	..	2	..	..	2		..	..	..	..	..
Removal, toe nail .....	..	3	..	..	3		..	..	..	..	..
Removal by electro surgery:												
Warts, face, chest .....	..	..	..	..	..		1	..	..	..	1	

SURGICAL SERVICE—(Continued)

	Patients						Employees					
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Repair, nerves and tendons, laceration of leg	1	..	..	..	1		..	..	..	..	..	..
Salpingectomy .....	..	..	..	..	..		..	..	..	..	..	..
Sequestrectomy	1	..	..	..	1		..	..	..	..	..	..
Skin graft:												
Arm, burn	2	..	1	..	3		..	..	..	..	..	..
Chest .....	..	1	..	1	2		..	..	..	..	..	..
Suturing, laceration:												
Eyebrow .....	..	1	..	..	1		..	..	..	..	..	..
Lip	2	1	..	..	3		..	..	..	..	..	..
Sympatheticectomy, kidney region ..	1	..	..	..	1		..	..	..	..	..	..
Thoracotomy	2	..	..	..	2		..	..	..	..	..	..
Thoracentesis	4	..	2	1	7		..	..	..	..	..	..
Thyroidectomy .....	..	2	..	..	2		..	..	..	..	..	..
Transorbital leukotomy .....	..	29	..	1	30		..	..	..	..	..	..
Total	54	128	16	8	206		4	17	2	10	33	

ORTHOPEDIC SERVICE

	PATIENTS						EMPLOYEES					
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Amputation:												
Finger .....	..	..	1	..	1	..	..	..	..	..	..	..
Finger, joint, first phalanx .....	..	2	1	..	3	..	..	..	..	..	..	..
Foot, metatarsus .....	..	1	..	..	1	..	..	..	..	..	..	..
Hand, phalanx .....	..	..	..	..	..	..	..	..	1	..	..	1
Leg	4	..	1	1	6	..	..	..	..	..	..	..
Bunionectomy, both feet .....	..	..	..	..	..	..	1	..	..	..	..	1
Closed reduction and application bandage for fracture:												
Clavicle .....	..	2	..	1	3	..	..	..	..	..	..	..
Closed reduction and application cast for fracture:												
Ankle	8	..	..	1	9	..	..	..	..	..	..	..
Clavicle	2	..	..	..	4	..	..	..	..	..	..	..
Elbow .....	..	1	..	..	1	..	..	..	..	..	..	..
Femur .....	..	2	..	..	2	..	..	..	..	..	..	..
Fibula .....	..	1	..	..	1	..	..	..	..	..	..	..
Finger .....	..	2	..	..	2	..	..	..	..	..	..	..
Foot	1	..	1	..	2	..	..	..	..	..	..	..
Hand .....	..	..	1	..	1	..	..	..	..	..	..	..
Humerus	3	2	..	..	5	..	..	..	..	..	..	..
Radius	1	..	..	..	1	..	..	..	..	..	..	..
Tibia .....	..	..	1	..	1	..	..	..	..	..	..	..
Tibia and fibula .....	..	1	..	..	1	..	..	..	..	..	..	..
Wrist .....	..	8	..	..	8	..	..	..	..	..	..	..
Incision and removal:												
Blade plate:												
Femur .....	..	1	..	..	1	..	..	..	..	..	..	..
Hip	1	1	..	..	2	..	..	..	..	..	..	..
Tibia	1	..	..	..	1	..	..	..	..	..	..	..
Nails:												
Femur .....	..	1	..	..	1	..	..	..	..	..	..	..
Hip .....	..	3	..	..	3	..	..	..	..	..	..	..
Pins:												
Ankle .....	..	..	..	1	1	..	..	..	..	..	..	..
Humerus	1	1	..	..	2	..	..	..	..	..	..	..
Screws:												
Hip .....	..	1	..	..	1	..	..	..	..	..	..	..
Injection novocain, bursitis, shoulder joint .....	..	1	..	..	1	..	..	..	..	..	..	..
Open reduction for fracture:												
Femur	1	..	1	..	2	..	..	..	..	..	..	..
Hip	5	7	1	1	14	..	..	..	..	..	..	..
Tibia and fibula	1	..	..	..	1	..	..	..	..	..	..	..
Open reduction and application plaster cast for fracture:												
Elbow .....	..	1	..	..	1	..	..	..	..	..	..	..
Femur	1	4	..	..	5	..	..	..	..	..	..	..
Fibula .....	..	..	..	1	1	..	..	..	..	..	..	..
Open reduction:												
Blade fixation, fracture, hip	2	3	1	..	6	..	..	..	..	..	..	..
Fusion, fracture intervertebral disk .....	..	..	..	..	..	..	1	..	..	..	..	1
Insertion hip prosthesis .....	..	2	..	..	2	..	..	..	..	..	..	..
Reduction dislocation:												
Clavicle .....	..	2	..	..	2	..	..	..	..	..	..	..
Shoulder	1	..	..	..	1	..	..	..	..	..	..	..
Repair tendons and nerves, laceration, forearm .....	..	..	..	1	1	..	..	..	..	..	..	..
Suturing, laceration finger	1	..	..	..	1	..	..	..	..	..	..	..
Total	34	52	9	7	102	..	2	1	..	..	3	

Ultra Violet light treatment for psoriasis, body—white woman patient—12 treatments.

TREATMENT OF SYPHILIS AND NEUROSYPHILIS

DOSES	White Men	White Women	Negro Men	Negro Women	Total
Bismarsen .....	....	....	....	139	139
Bismuth sodium tartrate	33	....	....	102	135
Malaria	20	12	43	28	103
Mapharsen	187	....	614	90	891
Thio bismol	155	....	315	....	470
Total	395	12	972	359	1,738

UROLOGICAL SERVICE

	PATIENTS						EMPLOYEES					
	Columbia Division			State Park Division								
	White Men	White Women	Negro Men	Negro Women	Total		White Men	White Women	Negro Men	Negro Women	Total	
Catherization	1	..	..	..	1	..	..	..	..	..	..	..
Circumcision	2	..	1	..	3	..	..	1	..	..	1	1
Consultations	6	1	..	..	7	..	1	..	..	..	1	1
Cystoscopic examinations	3	..	..	..	3	4	4	..	1	..	9	9
Epididymectomy .....	..	..	1	..	1	..	..	..	..	..	..	..
Excised carbuncle .....	..	2	..	..	2	..	..	..	..	..	..	..
Hospital visits	28	6	5	..	39	15	14	3	..	..	32	32
Hydrocele	1	..	..	..	1	..	..	..	..	..	..	..
Intravenous pyelogram	1	..	..	..	1	2	2	1	..	..	5	5
Office visits	8	..	6	..	14	37	7	65	3	..	112	112
Radial amputation, penis .....	..	..	1	..	1	..	..	..	..	..	..	..
Review X-ray	1	..	..	..	1	..	..	..	..	..	..	..
Supra-pubic prostatectomy	4	..	..	..	4	..	..	2	..	..	2	2
Supra-pubic prostatectomy (cysto-lithotomy)	2	..	..	..	2	..	..	..	..	..	..	..
Total	57	9	14	..	80	58	28	72	4	..	162	162
Individual cases	30	4	8	..	42	16	12	24	3	..	55	55

SYPHILITIC MENINGO-ENCEPHALITIS

	White Men	White Women	Negro Men	Negro Women	Total
Remission .....	....	4	....	3	7
Much improved .....	....	....	7	3	10
Improved	12	3	11	6	32
Unimproved	3	1	3	4	11
Died .....	....	....	5	....	5
Total	15	8	26	16	65

ELECTRO-SHOCK THERAPY

	White Men	White Women	Negro Men	Negro Women	Total
Markedly improved	104	8	24	72	208
Improved	273	445	292	234	1,244
Unimproved	55	61	49	106	271
Total	432	514	365	412	1,723

EYE, EAR, NOSE AND THROAT DEPARTMENT

	PATIENTS					EMPLOYEES				
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total
EYES:										
Cataract .....	..	..	1	..	1	..	..	..	..	..
Chalazion .....	..	1	2	..	3	..	..	..	..	..
Corneal ulcer	12	6	5	3	26	3	..	..	..	3
External diseases	37	41	3	3	84	18	24	9	12	63
Eye ground examinations	674	611	416	426	2,127	5	7	3	9	24
Foreign bodies removed .....	..	2	2	..	4	..	4	2	2	4
Glaucoma	5	17	2	..	24	..	..	..	..	..
Injuries	9	6	1	1	17	5	2	1	3	11
Iridectomy .....	..	..	..	..	..	..	..	..	..	..
Keratitis uveitis	16	..	9	..	43	1	..	1	2	4
Refractions	122	182	11	7	322	40	41	33	41	155
Removal:										
Cyst	1	..	..	..	1	..	..	..	..	..
Pterygium .....	..	..	..	1	1	..	..	..	..	..
Tumor, eyelid .....	..	..	1	..	1	..	..	..	..	..
Routine inspections	90	101	72	76	339	27	35	28	34	124
Slit lamp examinations	19	8	33	6	66	..	..	2	..	2
Visual fields	4	3	1	..	8	..	..	..	..	..
Xanthelasma .....	..	..	..	..	..	..	2	..	..	2
Total	989	991	559	528	3,067	99	117	79	105	400
EARS:										
Audiometer test	2	7	..	..	9	2	..	..	..	2
Cerumen removed	10	4	..	..	14	5	..	..	..	5
Drainage, abscess	3	..	..	..	3	..	..	..	..	..
Foreign bodies removed	1	2	..	..	3	..	..	1	..	1
Injuries	11	1	..	..	12	..	..	..	..	..
Irrigations	8	10	..	..	18	13	5	2	2	22
Meniere's disease .....	..	1	..	..	1	..	..	..	..	..
Myringotomy .....	..	..	..	..	..	3	..	..	..	3
Otitis externa	31	44	8	8	91	14	22	15	14	65
Otitis media	26	37	7	7	77	10	14	6	9	39
Routine examinations	739	698	422	450	2,309	64	76	73	70	283
Total	831	804	437	465	2,537	111	117	97	95	420
NOSE AND THROAT:										
Cauterization .....	..	..	..	..	..	..	1	..	..	1
Epistaxis	2	2	..	..	4	..	1	..	..	1
Foreign bodies removed	1	..	..	..	1	..	2	..	..	2
Injuries	2	..	..	..	2	2	3	..	3	8
Laryngitis	2	5	1	1	9	12	12	..	1	25
Naso-pharyngitis	27	31	6	2	66	27	30	11	16	84
Nasal polyp	2	..	..	..	2	..	..	2	..	2
Peritonsillar abscess .....	..	..	..	..	..	..	2	..	..	2
Removal:										
Cyst, nose	1	4	..	..	5	..	..	..	..	..
Salivary stone	1	..	..	..	1	..	..	..	..	..
Sutures	2	..	..	..	2	..	..	..	..	..
Routine examinations	736	707	434	393	2,270	64	87	73	71	295
Shrinkage nasal mucosa	1	6	..	..	7	4	4	..	..	8
Sinusitis	19	29	4	1	53	17	18	10	18	63
Tonsillitis	10	20	2	1	33	16	8	8	16	48
Tonsillectomies .....	..	..	..	..	..	..	1	..	..	1
Total	806	804	447	398	2,455	142	169	104	125	540

DENTAL SERVICE

	COLUMBIA DIV.			STATE PARK DIV.		
	White Men	White Women	Total	Negro Men	Negro Women	Total
Examinations	2,880	2,249	5,129	134	292	426
Anesthetics	1,508	1,240	2,748	355	468	823
Extractions	1,766	1,412	3,178	348	437	785
Treatments	197	83	280	65	58	123
Alveolectomy	22	5	27	....	....	....
Bridges:						
Removed	2	2	4	....	2	2
Repaired .....	....	1	1	1	2	3
Reset .....	....	....	....	1	2	3
Dentures:						
Adjusted	99	50	149	....	5	5
Duplicated	1	....	1	....	....	....
Made	45	20	65	....	1	1
Partial .....	....	3	3	....	....	....
Relined	2	....	2	....	....	....
Repaired	11	12	23	....	1	1
Fillings:						
Alloy	270	217	487	7	8	15
Cement .....	....	....	....	1	....	1
Plastic	1	3	4	....	....	....
Porcelain	30	25	55	2	4	6
Temporary .....	....	....	....	5	24	29
Fractured mandible reset	1	....	1	....	....	....
Gold Crowns:						
Removed .....	....	1	1	....	....	....
Reset .....	....	1	1	....	....	....
Gold Inlays:						
Reset	1	....	1	....	....	....
X-ray exposures	121	92	213	23	17	40

PHARMACY DEPARTMENT

During the past year the work done in the pharmacy has been about the same as in the past. Special effort has been made to provide the most efficient service to the staff and at the same time to operate as economically as is practicable within the budget provided.

To accomplish this, it has been necessary to compound as many formulae as possible rather than to purchase from the wholesale manufacturer; by doing so the department has gained by the resultant tremendous saving. Further savings have been made by purchasing in large quantities and by competitive bidding.

The department has cooperated with the faculty of the University of South Carolina School of Pharmacy by allowing one hour observation of hospital routine to the students, which is required in their present curriculum. Twenty-three senior students have selected this hospital for their observation during the past few months.

The following prescriptions were filled during the past twelve months: Columbia Division—15,046. State Park Division—7,300.

The steady increase in the volume of work presents the need for a part time assistant in this department. It is recommended and hoped that this need can be fulfilled in the near future.

PSYCHIATRIC SOCIAL SERVICE

The Social Service Department was organized at the South Carolina State Hospital 30 years ago this past January with one worker.

Today there are three white workers and one Negro worker at the State Park Division.

The duties of the workers can best be described as follows: securing histories, interim histories, making special investigations, visits prior to trial visits, being instrumental in placing patients outside the hospital, keeping in touch with patients on trial visit, interviewing relatives who visit the hospital; also interviewing patients in the hospital, and educational activities with lay groups.

Histories: Often the medical staff requests social histories which aid in the diagnosis. This necessitates interviews with relatives, the family physician, former employer and others in the community. Last year 893 social histories were obtained.

Interim histories: When a patient returned to the hospital is accompanied by relatives an interim history is secured to give the physicians an understanding of the present condition. During the year 187 interim histories were secured.

Special investigations: Histories are secured on all Court and penitentiary cases for whom a period of observation has been ordered. Last year 149 such histories were obtained.

Pre-trial visit investigations: Often the social worker is requested to investigate the home conditions prior to the patient leaving the hospital, and to acquaint the family with the condition existing, and to give some understanding of what to expect and how to help the patient make the necessary adjustments upon returning home. The department workers made 18 such visits, resulting in 15 patients being permitted to leave the hospital.

Follow-up visits: In 70 instances the worker has kept in touch with the patient and the family and, under the supervision of the psychiatrist, advised them as to the aftercare.

Patients and relatives: During the year the social workers interviewed 973 patients in the hospital soon after their admission, and answered many questions in regard to the hospital, and cleared up misinterpretations they had relative to rules.

A social worker is on duty in the office seven days a week to interview relatives with reference to hospital regulations and to give information concerning the progress of the patient. Last year relatives of 5,331 patients were interviewed.

This service, previously carried on by the physicians, relieves them of this time consuming duty, enabling them to have additional time for work with patients.

Educational work: Social workers are called upon to make talks before lay groups, theological students in training at the hospital, and to conduct clinics for psychology classes from local Universities. The latter service was ably performed by the social worker at State Park who also made a talk at the State College in Orangeburg.

CHAPLAINCY SERVICE

Chaplaincy service has been expanded in the past year. This is evidenced by the grand total of 9,098 contacts made with the patients. Among these were interviews with newly admitted patients, intensive follow-up interviews, visits with seriously ill, and with others as need indicated. Many contacts were made with relatives of the patients and there were a number of visits with sick employees.

One hundred sixty-two sermons were delivered at regularly conducted Sunday services, in which the patients' choirs participated under the direction of the part-time musical directors. The three choirs were composed of an average number of 60 patients. Three hundred ninety-seven devotional services, sometimes augmented with audio-visual aids, were conducted on wards for those unable to share in the Sunday service.

Ministers of the various faith groups from over the State made a number of visits to the patients. The churches of Columbia and vicinity have continued to provide them with book-

lets and materials as well as remembrances and gifts on various occasions including the Christmas season.

Appropriate services and programs were held on many of the wards and in the chapels during the Easter, Thanksgiving, and Christmas seasons. Approximately fifty patients presented a Christmas pageant at the Columbia Division. Garden clubs of Columbia have been decorating the chapels on festival occasions.

Seven theological students and ministers participated in the Clinical Pastoral Training program at the Columbia Division. These students completed the 12 week intensive program, which is jointly sponsored by the Council for Clinical Training, Inc., New York City and the hospital. The Rev. Linden S. Dodson of Silver Spring, Md. reported for work on June 4, 1952 as temporary assistant chaplain. He is assisting with the Clinical Pastoral Training program for the summer.

A sociodrama workshop for ministers and directors of religious education was conducted January 7-9, 1952. Twenty-five persons participated in this program. This was offered jointly under the auspices of the Department of Mental Hygiene and the hospital.

The chaplains have been afforded many opportunities to speak to churches and civic groups about their work from time to time. They continue to have the privilege of sharing in discussions on religion and health.

CHAPEL BUILDING FUND

The fund for the proposed chapel at the Columbia Division, which was begun by patients in November 1943, with contributions since then from relatives, friends and organizations, has been increased to a little more than \$60,000.00. This has been made possible by matching the \$30,000.00 appropriated by the General Assembly.

The cost of a suitable place of worship at the Columbia Division is now estimated at approximately \$140,000.00. Continued efforts will be made to secure necessary funds by popular subscription.

There is definite need for such a chapel at the Columbia Division, and also a similar structure for the patients at the State Park Division.

LIBRARY SERVICE

The hospital library renders service to patients, the medical staff and to the hospital personnel in general.

Library Service to Patients: During the year \$100.00 quarterly was made available for the purchase of books, magazines, subscriptions and the rental of educational films. This will greatly increase the value of the library to patients. Since the patients represent varying degrees and types of mental illnesses, and come from all walks of life with a wide range of reading taste, there is need for a diversified collection of books. The present book stock for patients numbers only 1,958 volumes. This is augmented by a loan collection from the State Library Board.

During the year 34 books were purchased, and 121 new books and 13 magazine subscriptions were given to the patients' library. The publisher made available, monthly, 100 copies of the Readers Digest. A monthly average of 2,999 magazines were contributed by individuals and groups, and were sent weekly to 29 wards. The average monthly circulation of books was 1,002; with the number of borrowers averaging 385. Over the year reading material was checked out to 789 individual patients.

Education and travel films such as "Historic Virginia", "Round South America by Air," "South Carolina", "Through England and Belgium" and "Christmas Customs in Other Lands" have been shown. These colored films, with programs in which the patients participated, were greatly enjoyed and helped stimulate interest in affairs beyond the hospital. All of this presented a means of broadening the individual reading taste. This type of library service is at present hampered by lack of space for library activities.

Medical Library: This collection consists of 902 volumes or texts and 176 unbound volumes of medical journals. The library subscribes to 21 journals. An average of 21 individuals used the library monthly. Over the year there were 128 individual borrowers with a circulation of 578.

The help and cooperation of the State Library Board, and of many individuals and groups who regularly furnish magazines, are greatly appreciated.

OCCUPATIONAL THERAPY

The Occupational Therapy Department has continued to expand during the past fiscal year; teaching around sixty crafts with four of these being major fine arts. In the past year the department served from ten to seventy-two patients per eight hour day.

Interest in pottery and ceramics has increased with the addition of another kiln and several molds. Hand modeled ceramics have offered much pleasure and a means of self expression for the patients.

The addition of four, Four Heddle Looms has allowed the weaving of more intricate and valuable articles.

Wood working has also been added as a worth while craft to the list of crafts available to the patients.

One of the most popular of the new crafts offered has been textile painting.

An average of from twelve to twenty-four pairs of slides are made and sent to the wards for the patients each week. Fourteen hundred rugs were woven and sent to the Supply Department for use in the hospital during the last fiscal year.

Miss Dorothy H. Bell, formerly with Stone's School Supply as their Handy Craft and Visual Aid Specialist, was added to the staff of the Occupational Therapy Department.

RECREATIONAL THERAPY

The S. C. State Hospital Recreation Department, composed of a director assisted by affiliate nurses and patient aides, has afforded pleasure and relaxation to many patients by promoting a varied program of activities for their enjoyment and social rehabilitation.

The nurses assigned attended 43 classes of instructions in recreational therapy and leadership.

The dance program which included 342 ballroom and square dances during the year did much to develop courage and initiative and give patients a sense of belonging to a group. Instructions in square dancing were given throughout the year wherever needed. Ballroom classes were given less frequently.

The high-light of the seasonal festivities was the costumed Halloween Cabaret Dance given in the women's dining hall.

W. I. S., local radio station, assisted with the floor show. Around 700 attended. Music was furnished by the hospital combo and recordings of big name bands.

June 1, 1952 the local branch of the Arthur Murray School of Dancing volunteered their services weekly during the summer to teach the patients new steps. This is a great help to the department in keeping them up to date, which in turn makes for better hospital dances. For those who return to their communities a sense of confidence has been gained by their being able to join the group feeling secure in his or her accomplishments.

Luncheon music has been played 176 times in the two large dining rooms. Selected recorded music was played 109 times in wards and on the grounds. Hospital sings and musical quizzes numbered 112 in the auditorium with added rehearsed singing and entertainment by the student nurses and patients.

Former musicians were encouraged to play their respective instruments which were supplied by the recreational department. Much time was spent taking patients to pianos in hopes that expression would help them.

Ten radios were donated to the department and two were purchased by the hospital. Other musical equipment added was a powerful public address set with two speakers and two microphones.

There have been 113 movies shown in the auditorium and 16 mm. films were run whenever possible in Ward B-15.

Bingo parties, numbering 295, have been promoted in the wards and auditoriums. Table games, consisting of cards, checkers, puzzles and other similar activities are going constantly in the day rooms. Pool is enjoyed in three wards and tournaments are scheduled as a part of the winter program. Outdoor play spots where table games, croquet, volley ball, horse shoes, and goal back courts are located attract many participants. Volley ball was played throughout the year. Three hundred and sixty-three games were scheduled and equally that number were played after work hours with the affiliates.

Soft ball was played seven months of the year. Church and civic teams of Columbia contributed greatly to the sports program by bringing teams of men and women to play patients, employees and nurses. Exhibition games between women teams

from Columbia were arranged and were well attended. A soft ball league made up of patients, employees, interns, and ministerial students was organized and run by the department. This activity, now in play, has afforded a great outlet for both players and spectators and it has provided an enjoyable meeting place for friends to spend their leisure time pleasantly. The department has supervised all patients' play and provided equipment for a total of 159 games played by employees and patients.

The recreation department needs the following equipment and facilities:

- (1) A car or station wagon to transport heavy recreation equipment and assistants to the job.
- (2) A grand stand at the athletic field.
- (3) An area for additional athletic field for patients who are unable to compete with the stronger group.
- (4) A movie projector to carry movies to those unable to attend the auditorium shows.
- (5) A paved patio for outdoor dancing.
- (6) A recreation building.

NURSING SERVICE

The activities of the medical white women's nursing service functioned in the regular way with a few changes, and the addition of two registered nurses and twenty-two hospital attendants.

Nursing care was rendered to an average of 1,480 white women patients with the assistance of three supervisors, one operating room supervisor, one night supervisor, ten registered nurses, twenty-two senior attendants and seventy-three attendants.

The white men tubercular patients were transferred to Building No. 3, and placed under the supervision of the white women's nursing staff.

Building No. 1 has been occupied by fifty-one white women patients.

There has been a shortage of nursing personnel, but despite the continued shortage, the response to the nursing care of the patients and the general workmanship has been outstanding.

All new women attendants were oriented to the hospital work and nursing care by adequate instruction and clinical demonstration by the medical and nursing staff.

The majority of the graduate nursing staff attended the three day psychiatric workshop, April 7-9, 1952, held at the hospital for the nursing personnel throughout the State. Also a number of graduates were active in the local and State nurses' organizations during the year.

Two of the nursing staff attended the National Biennial Convention of the American Nurses' Association in Atlantic City, New Jersey, in June.

DEPARTMENT OF NURSING EDUCATION

During the fiscal year of 1951-1952 four classes of student nurses completed the affiliate course offered by the South Carolina State Hospital. These are represented by the following tabular chart:

BEGUN	ENDED	NUMBER OF STUDENTS	HOSPITALS REPRESENTED
Group V—July 2, 1951	September 23, 1951	44	11
Group VI—October 2, 1951	December 21, 1951	43	10
Group VII—January 8, 1952	March 31, 1952	54	11
Group VIII—April 7, 1952	June 29, 1952	54	11
TOTAL		195	

Each of the above groups remained for twelve weeks, during which time they were given approximately 110 hours of theory and 84 days of clinical instructions and experience.

From September 4, 1951 to April 21, 1952 Mrs. Barbara B. Newton, assistant instructor in psychiatric nursing, was employed. She resigned to take another position, but fortunately there is the prospect of a well qualified replacement.

The nursing educational staff has also been augmented by a part time stenographer who began work on March 10, 1952.

The services of these two people were a material aid in increasing the efficiency and scope of the nursing education program. There is, however, still room for growth. As yet, we have been unable to extend this program to the State Park Division, thereby providing a similar educational experience for the South Carolina Negro nurses.

The installation of the affiliate program at the State Park Division still seems to be a desirable objective and is recommended for serious consideration in view of the fact that requests for registration for the course are still coming in from Negro Schools of Nursing both from in and out of the State.

Requests continue to be received from Schools of Nursing from out of the State, but under our present setup we are unable to take care of all the white students in the State who wish to come. Our classes have been increased from a proposed 30 students to an actual 54, and still, because of limited conditions, we have more applicants than we can accommodate. We feel that 54 is as many students as we can possibly accommodate and continue to maintain an efficient program, unless the hospital nursing and educational staffs are increased proportionately.

During the past year the director of nursing education accepted numerous invitations to speak to various clubs and organizations within the State. These invitations were accepted in the belief that it was a means of establishing better public relations through disseminating information concerning the mental health program in South Carolina to give the layman a better understanding of his responsibilities.

This spring the director of nursing education had the privilege of attending a Regional Conference in Atlanta, Georgia, which was directed by Helen Steck, mental health resource nurse. The conference was attended by psychiatric nursing specialists from six States and Washington, D. C. The opportunity to compare similar activities and results obtained was most valuable.

A three day psychiatric seminar was held at the South Carolina State Hospital for directors and personnel of nursing schools April 7-9, 1952. The theme was "Application of Psychiatric Nursing Skills in General Nursing."

There were three work-group sessions for:

Directors: Administrative plans to better the adjustment of post-affiliate students.

Instructors: How to best utilize the psychiatric nursing experience for the future growth of the students. (Integration into other courses.)

Head Nurses: Clinical practice planning to use psychiatric nursing methods more widely.

Participating in the seminar and leading the work-group sessions were the following nationally known nursing leaders:

Esther Garrison, Training Specialist, Psychiatric Nursing, National Institute of Mental Health, Bethesda, Maryland.

Louise Moser, Director, Advanced Psychiatric Nursing Course, Duke University, Durham, North Carolina.

Winifred Maher, Director, Advanced Psychiatric Nursing Course, Louisiana State University, New Orleans, Louisiana.

Helen Steck, Mental Health Resource Nurse, Region VI, Atlanta, Georgia.

Total registration for this seminar was approximately 100 graduate nurses with a daily average attendance of 75. Comments of those who attended this seminar were all favorable and in many instances enthusiastic. We believe that it was a real learning experience for our graduate nurses and very worthwhile.

GENERAL PLANT DEPARTMENT

Canteen Division

Canteen operations reflected a net gain of \$13,933.74, which sum is available for benefit of patients through a Non-Appropriated Fund Account.

Dietary Division

The most significant accomplishment was the acquisition of equipment which makes possible delivery of hot food to all dining rooms. No improvement of consequence was possible with respect to facilities for preparing foods.

South Carolina Penitentiary delivered 343,756 gallons of raw milk valued at \$185,628.24. The net value of surplus foods received through Production and Marketing Administration is \$111,558.99.

Engineering Division

A 100-bed ward building at the State Park Division was restored and equipped, following destruction by fire. A similar building at Columbia was enlarged and renovated to house 140 tubercular patients.

Sprinkler systems were installed at both divisions of the hospital at a total cost of \$477,800.

Supply Division

The supply service, in addition to its normal functions, manufactured, among others, the following articles:

Mattresses	3,703	Dresses	23,826
Mattress Covers	2,278	Gowns	10,488
Pillows	2,135	Slips	17,856
Sheets	32,316	Aprons	6,252
Pillow Cases	9,216		

Farm Division

Condensed Operating Statement:

Income:

Eggs, fresh, 52,442 dozens	\$ 27,772.93
Poultry, dressed, 147,847 pounds	69,996.76
Pork, dressed, 142,929 pounds	42,878.70
Beef, dressed, 212,584 pounds	119,235.64
Hides	2,964.72
Compost	585.00
Corn, ear, 6,700 bushels	10,600.00
Hay, 428 tons	13,120.00
Potatoes, sweet, 1,125 bushels	3,375.00
Cantaloupes	240.00
Inventory, increases	47,947.53
Pulp Wood	2,416.30
Total	\$341,132.58

Expenses:

Chicks, day-old	\$ 13,512.28
Steers	119,637.25
Feed	104,345.67
Fuel	2,248.08
Motor Vehicle Supplies	2,504.69
Repairs	1,027.79
Veterinary Supplies	1,932.58
Agricultural Supplies	15,190.27
Other Supplies	2,013.50
Slaughter Charges	1,542.25
Garbage, edible	6,205.00
Salaries and Wages	40,129.59

Total	\$310,288.95
Surplus	30,843.63

\$341,132.58

PERSONNEL DIVISION

The procurement and retention of personnel for the nursing and attendant services continues to be a major problem. While there has been a satisfactory number of applicants available, the number of qualified persons who have been willing to accept employment in these services has been comparatively small. A large percentage of the applicants interviewed during the year did not possess minimum qualifications.

The shortage of interested individuals for positions of this type forced us to employ many applicants who did not meet the minimum qualifications. This condition appeared to warrant the employment of applicants with the understanding that they must serve a trial period. Some of these employees were able to meet our standards as a result of on the job training. However, supervisors were permitted to release those employees who were unable to qualify during the trial period.

A large percentage of the employees secured during the year came from local employment agencies. Newspaper advertisements, schools and other sources were used to some extent in the recruitment of applicants. However, relatively few applicants were obtained through these sources.

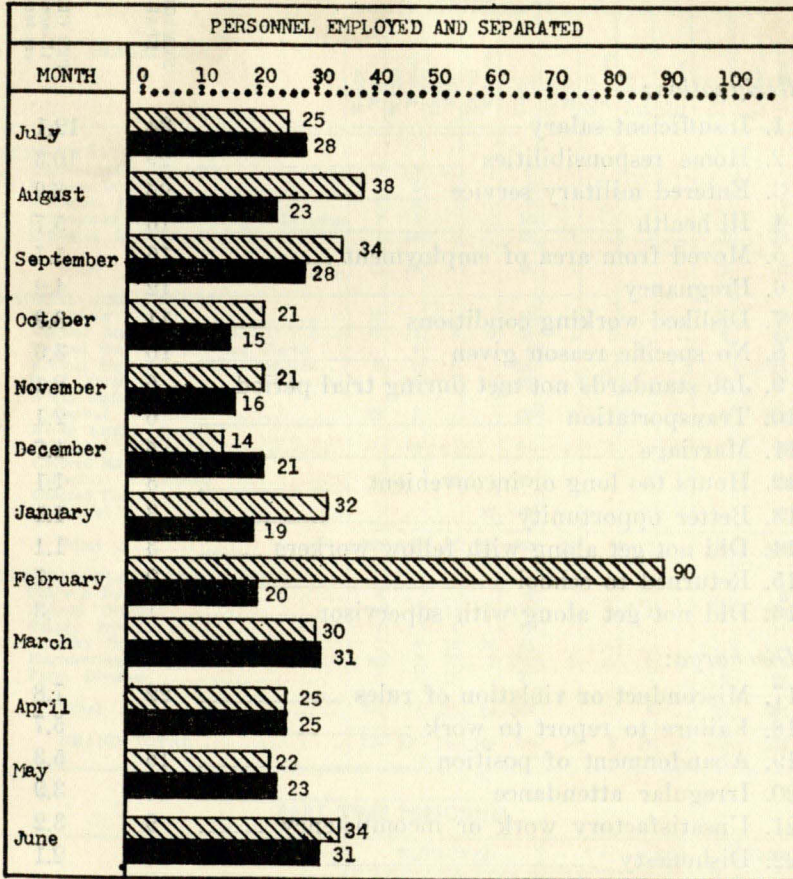
Even though there were many limitations affecting the recruitment program, some progress was noted. A total of 386 new employees were procured during the year while only 280 employees were separated during the same period. This represents a total net gain of 106 employees.

It is expected that this hospital will continue to have a large turnover. However, the real problem is to keep the turnover to a minimum in order to increase the efficiency of the organization and to reduce the excessive amount of time and cost involved in the recruitment and training of new employees.

The annual rate of turnover for the period covered by this report was 34 per cent as compared to 46 per cent for the previous period. This represents a 26 per cent reduction in the annual rate of turnover.

Of the 280 employees separated as shown on Chart III we find that 31.4 per cent were in the low pay group and 48.2 per cent in the attendant services. This may indicate that a great portion of our turnover in these groups may be due to current employment trends, low rates of pay and long working hours.

CHART II

PERSONNEL EMPLOYED AND SEPARATED DURING THE FISCAL YEAR 1951-52

LEGEND

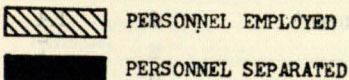


CHART III

REASONS FOR SEPARATION FROM SERVICE DURING FISCAL YEAR 1951-52

REASONS FOR SEPARATION	NUMBER OF SEPARATIONS	PER CENT (Nearest one-tenth)
<i>Resignation:</i>		
1. Insufficient salary	34	12.1
2. Home responsibilities	29	10.3
3. Entered military service	25	8.9
4. Ill health	16	5.7
5. Moved from area of employment	16	5.7
6. Pregnancy	12	4.2
7. Disliked working conditions	11	3.9
8. No specific reason given	10	3.6
9. Job standards not met during trial period	6	2.1
10. Transportation	6	2.1
11. Marriage	5	1.7
12. Hours too long or inconvenient	3	1.1
13. Better opportunity	3	1.1
14. Did not get along with fellow workers	3	1.1
15. Returned to school	2	.7
16. Did not get along with supervisor	1	.3
<i>Discharge:</i>		
17. Misconduct or violation of rules	22	7.8
18. Failure to report to work	16	5.7
19. Abandonment of position	15	5.3
20. Irregular attendance	11	3.9
21. Unsatisfactory work or incompetency	9	3.2
22. Dishonesty	6	2.1
23. Insubordination	3	1.1
<i>Other:</i>		
24. Death	7	2.5
25. Expiration of temporary employment	4	1.4
26. Job abolished	2	.7
27. Disability retirement	2	.7
28. Service retirement	1	.3
Total	280	99.3%

Report of Personnel

June 30, 1952

FULL TIME PERSONNEL

DEPARTMENT	EMPLOYED					VACANCIES					Total Authorized strength	
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total		
ADMINISTRATIVE DEPARTMENT												
Administrative Division	3	3	..	..	6	..	..	..	..	..	6
Finance Division	1	5	..	..	6	..	..	..	..	..	6
Personnel Division	6	3	..	..	9	..	..	..	..	..	9
Communications and Records Division	2	8	..	..	10	..	..	..	..	..	10
Registrar Division	1	14	..	..	15	1	..	..	..	1	16
Total	13	33	..	..	46	1	..	..	..	1	47
MEDICAL DEPARTMENT												
Physicians	12	..	..	..	12	4	..	..	..	4	16
Medical Auxiliary Service	13	18	2	5	38	1	3	..	..	4	42
Medical Stenographers and Clerks .....	..	4	..	..	4	..	..	..	..	..	4
Medical Supervisors and Assistants	8	9	1	..	18	..	..	..	..	..	18
Ward Nurses .....	..	15	..	10	25	..	2	..	..	2	27
White Male Service .....	..	..	..	..	..	..	..	..	..	..	..
Hospital Attendants	88	8	..	..	96	6	..	..	..	6	102
White Female Service .....	..	..	..	..	..	..	..	..	..	..	..
Hospital Attendants .....	..	94	..	..	94	..	1	..	..	1	95
Colored Male Service .....	..	..	82	7	89	..	..	3	..	3	92
Hospital Attendants .....	..	..	..	87	87	..	..	..	..	..	87
Colored Female Service .....	..	..	..	..	..	..	..	..	..	..	..
Hospital Attendants .....	..	..	..	..	..	..	..	..	..	..	..
Total	121	148	85	109	463	11	6	3	..	20	483	
GENERAL PLANT DEPARTMENT												
Canteen Division	6	..	..	..	6	..	..	..	..	..	6
Dietary Division	26	7	44	35	112	3	..	1	..	4	116	
Supply Division	7	..	4	..	11	..	..	..	..	..	11
Laundry Division	5	4	14	23	46	..	..	..	..	..	46
Engineering Division	92	2	77	2	172	1	..	1	..	2	174	
Farm Division	5	1	16	..	22	..	..	6	..	6	28
Total	141	14	155	60	369	4	..	8	..	12	381	
GRAND TOTAL	275	195	240	169	878	16	6	11	..	33	911	

PART TIME PERSONNEL

DEPARTMENT	EMPLOYED						VACANCIES						Total Authorized Strength
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total			
MEDICAL DEPARTMENT													
Physicians	11	..	..	..	11	1	..	..	..	1	..	12
Medical Auxiliary Service	1	1	..	1	3	..	..	..	..	..	..	3
Medical Students	12	..	..	..	12	..	..	..	..	..	..	12
Student Chaplain	1	..	..	..	1	..	..	..	..	..	..	1
Total	25	1	..	1	27	1	..	..	..	1	..	28
GRAND TOTAL—All Hospital Personnel													
	300	196	240	170	905	17	6	11	..	34	..	939	

MENTAL HYGIENE PERSONNEL

DEPARTMENT	EMPLOYED						VACANCIES						Total Authorized Strength
	White Men	White Women	Negro Men	Negro Women	Total	White Men	White Women	Negro Men	Negro Women	Total			
MENTAL HYGIENE DEPARTMENT													
Central Office .....	..	2	..	..	2	..	..	..	..	..	..	2
Merit System	1	..	..	..	1	..	..	..	..	..	..	1
Training Unit .....	..	1	..	..	1	1	2	..	..	3	..	4
Greenville Clinic	3	3	..	..	6	1	3	..	..	4	..	10
Charleston Clinic	1	7	..	1	9	1	..	..	..	1	..	10
Spartanburg Clinic	2	4	..	1	7	1	..	..	..	1	..	8
Total	7	17	..	2	26	4	5	..	..	9	..	35

RETIRED

July 1, 1951 — June 30, 1952

Harriet S. Belton

Disability retirement—3-15-52

Department—Medical—Colored Female Service

Position—Hospital Attendant

Length of Service—22 years, 3 months, 23 days

Mamie Days

Disability Retirement—9-1-51

Department—Medical—Colored Female Service

Position—Hospital Attendant

Length of Service—28 years, 7 months

Essie Dixon

Service Retirement—5-1-52

Department—Medical—Colored Female Service

Position—Senior Hospital Attendant

Length of Service—20 years, 5 months, 10 days

DEATHS

July 1, 1951 — June 30, 1952

Mattie Barrett

Died—12-24-51

Department—Medical—White Male Service

Position—Senior Hospital Attendant

Length of Service—22 years, 4 months, 19 days

Muscell Bellinger

Died—3-31-52

Department—Medical—Colored Male Service

Position—Senior Hospital Attendant

Length of Service—26 years, 11 months, 21 days

Annie Casey

Died—9-7-51

Department—General Plant

Position—Dining Room Attendant

Length of Service—42 years, 6 days

Alvin B. Freshley

Died—6-19-52

Department—General Plant

Position—Baker

Length of Service—9 years, 6 months, 12 days

Melvin Hayes

Died—7-9-51

Department—Medical—Colored Male Service

Position—Hospital Attendant

Length of Service—3 years, 8 months, 19 days

Lawson J. Nevils

Died—4-11-52

Department—General Plant

Position—Carpenter

Length of Service—11 years, 2 months, 1 day

Henry J. Martin

Died—6-29-52

Department—Medical

Position—Stenographer

Length of Service—3 years, 5 months, 28 days

FINANCE DIVISION

The Maintenance expenditure was \$3,556,127.07 gross. The Institutional Revenue, \$100,817.07, was originally, an appropriation expenditure refunded to the appropriation and re-disbursed. Consequently, that amount appears twice in the gross expenditure figure, the net Maintenance cost therefore \$3,455,310.

The hospital enjoyed, during the year, the following cost-free food items:

U. S. Food Production and Marketing Administration—Surplus Foods	\$112,418.32
Fresh Milk from S. C. Penitentiary Farms ..	185,628.08
Average daily population	5,369
Daily per capita cost, based upon net expenditures and donated food value	\$1.91
Daily per capita cost, based upon net expenditures, exclusive of donated food value	\$1.758 plus

Expenditures for Mental Hygiene Work totaled \$97,130.24 of which \$50,653.88 were Federal supporting funds. The remainder, \$46,476.36, State appropriated funds.

Revenue for the General Fund of the State \$104,242.88, of which \$59,251.85 originated from 134 full paying and 49 partial paying patients.

The Structural and Non-Structural Improvements and Equipment, 1947, Appropriation has been supplemented by Federal Aid, \$613,609.11. Those funds, through the current fiscal year, have been expended and obligated, as follows:

New Construction	\$ 1,331,333.75
Equipment	134,886.96
Plant Repairs, Etc.	64,062.56

The \$39,000.00 in trust, as shown in the last annual report, has been transferred to the Structural and Non-Structural Improvements and Equipment Appropriation, and appears in the detailed account of that activity.

The Permanent Improvements and Renovations Fund provided \$37,593.64 for general plant repairs and equipment.

A detailed account of cash receipts and disbursements for all activities is shown in the next section of this report.

Very truly yours

W. P. BECKMAN, M.D.

Superintendent, South Carolina State
Hospital and State Director of Mental
Health

FINANCIAL STATEMENT FOR THE YEAR ENDED JUNE 30, 1952

MAINTENANCE

Receipts

Appropriation—State of South Carolina \$ 3,455,310.00

Expenditures

	<i>Gross</i>	<i>Refunds</i>	<i>Net</i>
Salaries and Wages	\$ 1,776,361.76	\$ 53,581.06	\$ 1,722,780.70
Repairs	102,494.22	779.80	101,714.42
Water, Light, Heat and Power	79,033.88	301.32	78,732.56
Food (includes Farm)	979,986.92	40,553.04	939,433.88
Fuel	120,120.28	241.72	119,878.56
Clothing and Dry Goods	227,497.65	2,776.52	224,721.13
Insurance	30,466.16	15.00	30,451.16
Equipment	64,205.91	121.30	64,084.61
All Other Expendi- tures	175,960.29	2,447.31	173,512.98
	<u>\$ 3,556,127.07</u>	<u>\$ 100,817.07</u>	<u>\$ 3,455,310.00</u>

Appropriation Refunds—\$100,817.07

**Value Cost Free Surplus Foods\$ 112,418.32

**Value Cost Free Fresh Milk from S. C. Penitentiary 185,628.08

** (The above two values not included in the disbursement figures).

TRUST FUNDS

Brought Forward from 1950-51	\$ 39,000.00
Transferred to Structural and Non- Structural Improvements and Equip- ment Appropriation	\$ 39,000.00
	<u>\$ 39,000.00 \$ 39,000.00</u>

MENTAL HYGIENE WORK**Receipts**

Balance Federal Grant from 1950-51	\$ 2,194.88	
Appropriation State of South Carolina	40,000.00	
Federal Grant 1951-52	48,459.00	
From State Civil Contingent Fund	7,092.31	
From Refunds (Federal Money)	16.03	
		\$ 97,762.22

Expenditures

State Funds	\$ 46,476.36	
Federal Funds	50,653.88	
State Funds Refunded to State		
Treasurer	615.95	
Federal Funds Forwarded to 1952-53	16.03	
		\$ 97,762.22

INCOME—GENERAL FUND OF STATE**Collections:**

Paying Patients	\$ 59,251.85	
Rental of Quarters	11,460.00	
Subsistence	32,428.20	
Miscellaneous	102.83	
Remitted to State Treasurer		\$103,242.88

PERMANENT IMPROVEMENTS AND RENOVATIONS FUND

Balance on Hand June 30, 1951	\$ 42,720.69	
Received from Sale 2100 Wheat St.		
House and Lot	38,000.00	
		\$ 80,720.69
Expenditures 1951-52	37,593.64	
Balance forwarded to 1952-53 (De- posited with State Treasurer)		\$ 43,127.05

STRUCTURAL AND NON-STRUCTURAL IMPROVEMENTS & EQUIPMENT FUND

Balance Brought Forward from 1950-51	\$114,665.18	
Received Transfer from Trust Fund		
Account	39,000.00	
Received from Federal Grant 1951-52	179,452.40	
Received from Space Rented to U. S.		
Public Health	1,500.00	
		\$334,617.58
Expenditures 1951-52	\$236,163.63	
Balance Forwarded to 1952-53 (De-		
posited with State Treasurer)	98,453.95	
		\$334,617.58

RESIDENCE OF PATIENTS PRESENT JUNE 30, 1952

COUNTIES	White Men	Negro Men	White Women	Negro Women	Total
Abbeville	19	20	21	16	76
Aiken	44	36	35	36	151
Allendale	13	15	16	12	56
Anderson	80	36	92	26	234
Bamberg	5	12	6	17	40
Barnwell	14	27	12	22	75
Beaufort	9	19	4	28	60
Berkeley	6	16	12	20	54
Calhoun	6	19	9	9	43
Charleston	94	122	105	110	431
Cherokee	20	12	34	17	83
Chester	22	23	32	35	112
Chesterfield	46	26	32	25	129
Clarendon	11	25	21	31	88
Colleton	23	28	21	23	95
Darlington	28	25	37	31	121
Dillon	8	11	19	11	49
Dorchester	11	18	7	16	52
Edgefield	9	17	14	17	57
Fairfield	21	23	15	31	90
Florence	27	56	38	47	168
Georgetown	14	32	11	21	78
Greenville	117	60	150	54	381
Greenwood	33	23	25	23	104
Hampton	8	12	10	19	49
Horry	22	19	34	16	91
Jasper	3	12	4	8	27
Kershaw	27	34	21	24	106
Lancaster	27	16	26	17	86
Laurens	49	34	23	33	139
Lee	18	17	16	26	77
Lexington	32	17	40	3	92
Marion	10	21	16	22	69
Marlboro	20	22	13	23	78
McCormick	5	9	6	14	34
Newberry	22	20	21	15	78
Oconee	28	9	27	8	72
Orangeburg	33	61	42	74	210
Pickens	50	4	35	10	99
Richland	91	103	115	135	444
Saluda	12	12	10	12	46
Spartanburg	106	55	131	64	356
Sumter	18	50	30	50	148
Union	20	18	30	19	87
Williamsburg	10	49	15	32	106
York	53	35	51	46	185
TOTAL	1,344	1,330	1,484	1,348	5,506

RESIDENCE OF PATIENTS RECEIVED 1951-52

COUNTIES	White Men	Negro Men	White Women	Negro Women	Total
Abbeville	13	2	10	5	30
Aiken	22	7	10	10	49
Allendale	2	4	4	1	11
Anderson	35	9	30	2	76
Bamberg	2	3	3	3	11
Barnwell	3	4	5	5	17
Beaufort	7	2	1	10	20
Berkeley	1	2	2	5	10
Calhoun	2	6	3	2	13
Charleston	26	24	31	21	102
Cherokee	12	4	14	6	36
Chester	13	3	16	6	38
Chesterfield	16	10	14	5	45
Clarendon	4	8	9	4	25
Colleton	13	9	7	8	37
Darlington	22	9	15	15	61
Dillon	4	4	6	...	14
Dorchester	5	1	5	2	13
Edgefield	6	4	4	8	22
Fairfield	4	4	1	2	11
Florence	22	11	14	11	58
Georgetown	12	6	7	3	28
Greenville	66	17	71	13	167
Greenwood	16	7	10	2	35
Hampton	4	5	3	4	16
Horry	16	4	13	5	38
Jasper	5	3	3	1	12
Kershaw	15	9	12	4	40
Lancaster	19	7	8	8	42
Laurens	23	11	13	10	57
Lee	9	6	7	4	26
Lexington	14	7	15	1	37
Marion	8	5	2	6	21
Marlboro	17	6	4	4	31
McCormick	2	3	2	3	10
Newberry	13	9	13	8	43
Oconee	20	...	12	3	35
Orangeburg	16	18	11	18	63
Pickens	9	...	22	2	33
Richland	50	40	46	31	167
Saluda	1	3	2	4	10
Spartanburg	49	13	68	16	146
Sumter	10	12	9	17	48
Union	12	4	13	2	31
Williamsburg	7	8	9	13	37
York	36	13	31	8	88
TOTAL	683	346	610	321	1,960

Statistical Tables

PSYCHOSES OF FIRST ADMISSIONS

PSYCHOSES	Code No.	White Men	White Women	Negro Men	Negro Women	Total
With syphilitic meningo-encephalitis (general paresis)	10	14	4	24	10	52
Total		14	4	24	10	52
With other forms of syphilis of the central nervous system:						
Meningo-vascular type (cerebral syphilis)	21	..	..	1	1	2
Total .....		..	..	1	1	2
With epidemic encephalitis	30	..	..	1	..	1
Total .....		..	..	1	..	1
With other infectious diseases	44	..	..	1	..	1
Total .....		..	..	1	..	1
Due to alcohol:						
Pathological intoxication	51	1	1	3	..	5
Delirium tremens	52	13	1	20	1	35
Acute hallucinosis	54	1	..	9	2	12
Other types	55	1	..	..	..	1
Total		16	2	32	3	53
Due to a drug or other exogenous poison	60	..	1	..	..	1
Another drug	64	2	3	..	..	5
Total		2	4	..	..	6
Due to trauma:						
Mental deterioration	73	..	..	4	..	4
Total .....		..	..	4	..	4
With cerebral arteriosclerosis	80	102	69	64	41	276
Total		102	69	64	41	276
With other disturbances of circulation:						
Cardio-renal disease	92	4	3	1	1	9
Other types	93	1	..	..	..	1
Total		5	3	1	1	10
Due to convulsive disorder (epilepsy):						
Epileptic Deterioration	101	7	1	5	6	19
Epileptic Clouded states	102	1	2	2	1	6
Total		8	3	7	7	25
Senile:						
Simple deterioration	111	36	29	4	17	86
Delirious and confused	113	1	3	1	..	5
Depressed and agitated	114	..	1	..	..	1
Paranoid	115	2	3	..	..	5
Total		39	36	5	17	97
Involitional:						
Melancholia	121	5	8	..	1	14
Paranoid	122	1	4	..	..	5
Total		6	12	..	1	19

PSYCHOSES OF FIRST ADMISSIONS—Continued

PSYCHOSES	Code No.	White Men	White Women	Negro Men	Negro Women	Total
Due to other metabolic, etc., diseases:						
Exhaustion delirium	132	..	..	..	1	1
Alzheimer's disease (pre-senile sclerosis)	133	1	2	..	3	3
With other somatic disease	135	1	..	..	1	1
Total		2	2	..	1	5
Due to new growth:						
Other neoplasms	142	1	1	..	..	2
Total		1	1	..	..	2
Due to unknown or hereditary cause but associated with organic change:						
Paralysis agitans	152	..	1	1	..	2
Huntington's chorea	153	1	1	..	..	2
Other disease of the brain or nervous system	154	1	2	4	1	8
Total		2	4	5	1	12
Psychoneuroses:						
Hysteria	161	3	38	1	1	43
Psychasthenia or compulsive states	162	1	4	..	..	5
Neurasthenia	163	..	1	..	..	1
Hypochondriasis	164	4	4	..	..	8
Reactive depression	165	7	1	..	..	8
Anxiety state	166	2	2	..	..	4
Mixed psychoneurosis	168	3	1	1	1	6
Total		20	51	2	2	75
Manic-depressive:						
Manic type	171	7	7	4	37	55
Depressive	172	13	6	..	8	27
Mixed	174	1	2	1	2	6
Total		21	15	5	47	88
Dementia praecox (schizophrenia):						
Simple	181	5	3	2	3	13
Hebephrenic	182	14	1	22	14	51
Catatonic	183	35	105	43	61	244
Paranoid	184	24	32	16	9	81
Other types	185	..	6	3	2	11
Total		78	147	86	89	400
Paranoia and paranoid conditions:						
Paranoia	191	..	1	..	..	1
Paranoid conditions	192	4	4	..	1	9
Total		4	5	..	1	10
With psychopathic personality	200	1	..	..	..	1
Total		1	..	..	..	1
With mental deficiency	210	14	5	12	11	42
Total		14	5	12	11	42
Undiagnosed	220	3	1	..	1	5
Total		3	1	..	1	5
TOTAL WITH PSYCHOSES		338	364	250	234	1186

PSYCHOSES OF FIRST ADMISSION—Continued

PSYCHOSES	Code No.	White Men	White Women	Negro Men	Negro Women	Total
Without psychoses:						
Without mental disorder	230	64	22	18	6	110
Epilepsy	231	..	5	..	1	6
Alcoholism	232	75	8	9	1	93
Drug addiction	233	7	7	..	..	14
Mental deficiency	234	8	11	12	12	43
Psychopathic personality	236	10	2	1	1	14
Other nonpsychotic diseases or conditions	237	8	2	..	..	10
Total		172	57	40	21	290
Primary behavior disorders:						
Simple adult maladjustment	241	1	4	..	..	5
Conduct disturbance	242	..	1	..	..	1
Neurotic traits	2423	..	1	..	..	1
Total		1	6	..	..	7
TOTAL WITHOUT PSYCHOSES		173	63	40	21	297
GRAND TOTAL		511	427	290	255	1483

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
White Race

PSYCHOSES	Code No.	Men	Women	Total
With syphilitic meningo-encephalitis (general paresis)	1	14	4	18
Due to alcohol	5	16	2	18
Due to a drug or other exogenous poison	6	2	4	6
With cerebral arteriosclerosis	8	102	69	171
With other disturbances of circulation	9	5	3	8
Due to convulsive disorder (epilepsy)	10	8	3	11
Senile	11	39	36	75
Involuntional	12	6	12	18
Due to other metabolic, etc., diseases	13	2	2	4
Due to a new growth	14	1	1	2
Due to unknown or hereditary cause but associated with organic change	15	2	4	6
Psychoneuroses	16	20	51	71
Manic-depressive	17	21	15	36
Dementia praecox (schizophrenia)	18	78	147	225
Paranoia and paranoid conditions	19	4	5	9
With other forms of syphilis of the central nervous system	20	1	....	1
With mental deficiency	21	14	5	19
Undiagnosed	22	3	1	4
Without mental disorder	23	172	57	229
Primary behavior disorders	24	1	6	7
Total		511	427	938
Under 15 Years				
With mental deficiency	21	1	....	1
Without mental disorder	23	1	2	3
Primary behavior disorders	24	....	1	1
Total		2	3	5
15-19 Years				
Due to convulsive disorder (epilepsy)	10	2	1	3
Psychoneuroses	16	....	2	2
Dementia praecox (schizophrenia)	18	6	9	15
With mental deficiency	21	3	....	3
Without mental disorder	23	7	5	12
Primary behavior disorders	24	....	1	1
Total		18	18	36
20-24 Years				
Due to a drug or other exogenous poison	6	....	1	1
Due to convulsive disorder (epilepsy)	10	1	....	1
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Psychoneuroses	16	2	6	8
Manic-depressive	17	2	....	2
Dementia praecox (schizophrenia)	18	16	16	32
With mental deficiency	21	1	....	1
Without mental disorder	23	22	3	25
Primary behavior disorders	24	....	1	1
Total		44	28	72
25-29 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Due to alcohol	5	1	....	1
Due to unknown or hereditary cause but associated with organic change	15	1	1	2
Psychoneuroses	16	1	7	8
Manic-depressive	17	....	1	1
Dementia praecox (schizophrenia)	18	25	37	62
With mental deficiency	21	....	1	1
Without mental disorder	23	15	9	24
Primary behavior disorders	24	1	....	1
Total		45	56	101

**AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES—Continued**

White Race

PSYCHOSES	Code No.	Men	Women	Total
30-34 Years				
Due to alcohol	5	4	....	4
With other disturbances of circulation	9	1	....	1
Due to convulsive disorder (epilepsy)	10	2	....	2
Psychoneuroses	16	3	11	14
Manic-depressive	17	7	2	9
Dementia praecox (schizophrenia)	18	12	28	40
With other forms of syphilis of the central nervous system	20	1	....	1
With mental deficiency	21	....	1	1
Without mental disorder	23	24	5	29
Primary behavior disorders	24	....	2	2
Total		54	49	103
35-39 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
Due to alcohol	5	2	1	3
Due to a drug or other exogenous poison	6	1	....	1
Due to convulsive disorder (epilepsy)	10	1	....	1
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Psychoneuroses	16	3	7	10
Manic-depressive	17	3	1	4
Dementia praecox (schizophrenia)	18	5	25	30
With mental deficiency	21	1	1	2
Undiagnosed	22	1	....	1
Without mental disorder	23	33	11	44
Primary behavior disorders	24	....	1	1
Total		52	48	100
40-44 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	1	4
Due to alcohol	5	1	1	2
Due to a drug or other exogenous poison	6	1	....	1
With cerebral arteriosclerosis	8	2	....	2
Due to convulsive disorder (epilepsy)	10	1	....	1
Involuntal	12	....	2	2
Due to other metabolic, etc., diseases	13	1	....	1
Psychoneuroses	16	5	7	12
Manic-depressive	17	4	4	8
Dementia praecox (schizophrenia)	18	5	13	18
Paranoia and paranoid conditions	19	2	1	3
With mental deficiency	21	4	....	4
Undiagnosed	22	....	1	1
Without mental disorder	23	29	7	36
Total		58	37	95
45-49 Years				
With syphilitic meningo-encephalitis (general paresis)	1	....	1	1
Due to alcohol	5	3	....	3
Due to a drug or other exogenous poison	6	....	2	2
With cerebral arteriosclerosis	8	6	1	7
With other disturbances of circulation	9	....	1	1
Involuntal	12	2	4	6
Due to new growth	14	1	....	1
Psychoneuroses	16	3	....	3
Manic-depressive	17	2	1	3
Dementia praecox (schizophrenia)	18	8	9	17
With mental deficiency	21	1	....	1
Undiagnosed	22	1	....	1
Without mental disorder	23	19	2	21
Total		46	21	67

**AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES—Continued**

White Race

PSYCHOSES	Code No.	Men	Women	Total
50-54 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	2	5
Due to alcohol	5	4	...	4
With cerebral arteriosclerosis	8	7	3	10
Involuntional	12	1	3	4
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Psychoneuroses	16	1	4	5
Manic-depressive	17	...	2	2
Dementia praecox (schizophrenia)	18	...	8	8
Paranoia and paranoid conditions	19	1	1	2
With mental deficiency	21	2	1	3
Without mental disorder	23	10	4	14
Total		30	28	58
55-59 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	...	1
Due to alcohol	5	1	...	1
Due to a drug or other exogenous poison	6	...	1	1
With cerebral arteriosclerosis	8	12	8	20
With other disturbances of circulation	9	...	1	1
Involuntional	12	3	2	5
Due to other metabolic, etc., diseases	13	...	1	1
Due to unknown or hereditary cause but associated with organic change	15	...	1	1
Psychoneuroses	16	...	5	5
Manic-depressive	17	1	1	2
Dementia praecox (schizophrenia)	18	1	1	2
Paranoia and paranoid conditions	19	...	3	3
Without mental disorder	23	5	3	8
Total		24	27	51
60-64 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	...	2
With cerebral arteriosclerosis	8	17	16	33
Due to convulsive disorder (epilepsy)	10	1	2	3
Senile	11	...	1	1
Due to other metabolic, etc., diseases	13	1	1	2
Psychoneuroses	16	1	1	2
Manic-depressive	17	2	1	3
Dementia praecox (schizophrenia)	18	...	1	1
Paranoia and paranoid conditions	19	1	...	1
With mental deficiency	21	1	1	2
Without mental disorder	23	4	2	6
Total		30	26	56
65-69 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	...	1
With cerebral arteriosclerosis	8	29	17	46
With other disturbances of circulation	9	2	...	2
Senile	11	1	4	5
Involuntional	12	...	1	1
Psychoneuroses	16	1	...	1
Manic-depressive	17	...	1	1
Without mental disorder	23	2	1	3
Total		36	24	60

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES—Continued

White Race

PSYCHOSES	Code No.	Men	Women	Total
70 Years and Over				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	29	24	53
With other disturbances of circulation	9	2	1	3
Senile	11	38	30	68
Due to a new growth	14	....	1	1
Psychoneuroses	16	....	1	1
Without mental disorder	23	....	2	2
Total		70	59	129
Unascertained				
Senile	11	....	1	1
Manic-depressive	17	....	1	1
Undiagnosed	22	1	....	1
Without mental disorder	23	1	1	2
Total		2	3	5

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
With syphilitic meningo-encephalitis (general paresis)	1	24	10	34
With other forms of syphilis of the central nervous system	2	1	1	2
With epidemic encephalitis	3	1	....	1
With other infectious diseases	4	1	....	1
Due to alcohol	5	32	3	35
Due to trauma	7	4	....	4
With cerebral arteriosclerosis	8	64	41	105
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	7	7	14
Senile	11	5	17	22
Involuntal	12	....	1	1
Due to other metabolic, etc., diseases	13	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	5	1	6
Psychoneuroses	16	2	2	4
Manic-depressive	17	5	47	52
Dementia praecox (schizophrenia)	18	86	89	175
Paranoia and paranoid conditions	19	....	1	1
With mental deficiency	21	12	11	23
Undiagnosed	22	....	1	1
Without mental disorder	23	40	21	61
Total		290	255	545
Under 15 Years				
With epidemic encephalitis	3	1	....	1
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Dementia praecox (schizophrenia)	18	1	1	2
With mental deficiency	21	1	....	1
Without mental disorder	23	5	5	10
Total		8	7	15
15-19 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Due to convulsive disorder (epilepsy)	10	1	1	2
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Psychoneuroses	16	1	....	1
Manic-depressive	17	....	3	3
Dementia praecox (schizophrenia)	18	16	10	26
With mental deficiency	21	3	....	3
Without mental disorder	23	6	6	12
Total		29	20	49
20-24 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Due to alcohol	5	1	1	2
Due to trauma	7	1	....	1
Due to convulsive disorder (epilepsy)	10	1	2	3
Due to other metabolic, etc., diseases	13	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Psychoneuroses	16	....	1	1
Manic-depressive	17	....	4	4
Dementia praecox (schizophrenia)	18	19	16	35
With mental deficiency	21	1	1	2
Without mental disorder	23	4	2	6
Total		29	28	57

**AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES—Continued**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
25-29 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	1	2
Due to alcohol	5	3	...	3
Due to convulsive disorder (epilepsy)	10	2	1	3
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Manic-depressive	17	...	5	5
Dementia praecox (schizophrenia)	18	22	26	48
With mental deficiency	21	3	1	4
Without mental disorder	23	7	2	9
Total		39	36	75
30-34 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	3	5
Due to alcohol	5	8	...	8
Due to trauma	7	2	...	2
Due to convulsive disorder (epilepsy)	10	1	...	1
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Manic-depressive	17	1	8	9
Dementia praecox (schizophrenia)	18	7	17	24
With mental deficiency	21	...	5	5
Without mental disorder	23	7	5	12
Total		29	38	67
35-39 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	1	3
Due to alcohol	5	7	...	7
Due to convulsive disorder (epilepsy)	10	...	2	2
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Psychoneuroses	16	1	1	2
Manic-depressive	17	...	12	12
Dementia praecox (schizophrenia)	18	12	11	23
With mental deficiency	21	1	...	1
Without mental disorder	23	7	1	8
Total		31	28	59
40-44 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	2	4
With other forms of syphilis of the central nervous system	2	...	1	1
Due to alcohol	5	8	2	10
With cerebral arteriosclerosis	8	2	4	6
Manic-depressive	17	1	4	5
Dementia praecox (schizophrenia)	18	5	4	9
With mental deficiency	21	2	2	4
Undiagnosed	22	...	1	1
Without mental disorder	23	1	...	1
Total		21	20	41
45-49 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	1	4
With other infectious diseases	4	1	...	1
Due to alcohol	5	4	...	4
With cerebral arteriosclerosis	8	1	4	5
Due to convulsive disorder (epilepsy)	10	2	...	2
Manic-depressive	17	1	7	8
Dementia praecox (schizophrenia)	18	2	2	4
Without mental disorder	23	1	...	1
Total		15	14	29

**AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES—Continued**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
50-54 Years				
With syphilitic meningo-encephalitis (general paresis)	1	4	2	6
Due to alcohol	5	1	....	1
Due to trauma	7	1	....	1
With cerebral arteriosclerosis	8	7	10	17
Manic-depressive	17	1	4	5
Dementia praecox (schizophrenia)	18	2	1	3
Paranoia and paranoid conditions	19	....	1	1
With mental deficiency	21	1	1	2
Without mental disorder	23	1	....	1
Total		18	19	37
55-59 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
With cerebral arteriosclerosis	8	6	3	9
With other disturbances of circulation	9	....	1	1
Due to convulsive disorder (epilepsy)	10	....	1	1
Involucional	12	....	1	1
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	....	1	1
Without mental disorder	23	1	....	1
Total		11	7	18
60-64 Years				
With cerebral arteriosclerosis	8	14	11	25
Senile	11	....	1	1
Total		14	12	26
65-69 Years				
With syphilitic meningo-encephalitis (general paresis)	1	4	....	4
With other forms of syphilis of the central nervous system	2	1	....	1
With cerebral arteriosclerosis	8	14	7	21
With other disturbances of circulation	9	1	....	1
Senile	11	....	2	2
With mental deficiency	21	....	1	1
Total		20	10	30
70 Years and Over				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	20	2	22
Senile	11	5	14	19
Total		26	16	42

**DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

White Race

PSYCHOSES	Code No.	Men	Women	Total
Illiterate				
With syphilitic meningo-encephalitis (general paresis)	1	1	1	2
Due to alcohol	5	1	....	1
With cerebral arteriosclerosis	8	13	8	21
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	3	5	8
Involuntional	12	1	....	1
Psychoneuroses	16	....	2	2
Dementia praecox (schizophrenia)	18	3	1	4
With mental deficiency	21	1	2	3
Without mental disorder	23	11	8	19
Total		35	27	62
Reads and Writes				
Due to alcohol	5	1	....	1
Psychoneuroses	16	1	....	1
Without mental disorder	23	1	....	1
Total		3	....	3
Common School				
With syphilitic meningo-encephalitis (general paresis)	1	10	....	10
Due to alcohol	5	7	1	8
Due to a drug or other exogenous poison	6	....	2	2
With cerebral arteriosclerosis	8	53	32	85
With other disturbances of circulation	9	4	2	6
Due to convulsive disorder (epilepsy)	10	5	....	5
Senile	11	22	20	42
Involuntional	12	3	1	4
Due to other metabolic, etc., diseases	13	1	1	2
Due to a new growth	14	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	2	2	4
Psychoneuroses	16	9	20	29
Manic-depressive	17	6	5	11
Dementia praecox (schizophrenia)	18	32	54	86
Paranoia and paranoid conditions	19	2	3	5
With psychopathic personality	20	1	....	1
With mental deficiency	21	10	3	13
Undiagnosed	22	1	1	2
Without mental disorder	23	81	24	105
Primary behavior disorders	24	....	4	4
Total		249	176	425
High School				
With syphilitic meningo-encephalitis (general paresis)	1	....	1	1
Due to alcohol	5	5	1	6
Due to a drug or other exogenous poison	6	1	2	3
With cerebral arteriosclerosis	8	12	14	26
Due to convulsive disorder (epilepsy)	10	2	2	4
Senile	11	7	6	13
Involuntional	12	....	4	4
Due to other metabolic, etc., diseases	13	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	....	2	2
Psychoneuroses	16	6	24	30
Manic-depressive	17	14	3	17
Dementia praecox (schizophrenia)	18	27	67	94
Paranoia and paranoid conditions	19	....	1	1
With mental deficiency	21	2	....	2
Without mental disorder	23	56	13	69
Primary behavior disorders	24	....	1	1
Total		132	142	274

**DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued**

White Race

PSYCHOSES	Code No.	Men	Women	Total
College				
With syphilitic meningo-encephalitis (general paresis)	1	1	1	2
Due to alcohol	5	1	....	1
Due to a drug or other exogenous poison	6	1	....	1
With cerebral arteriosclerosis	8	11	11	22
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	....	1	1
Senile	11	3	1	4
Involutional	12	2	5	7
Psychoneuroses	16	2	1	3
Manic-depressive	17	1	4	5
Dementia praecox (schizophrenia)	18	12	15	27
Paranoia and paranoid conditions	19	1	1	2
Undiagnosed	22	1	....	1
Without mental disorder	23	6	4	10
Primary behavior disorders	24	....	1	1
Total		43	46	89
Unascertained				
With syphilitic meningo-encephalitis (general paresis)	1	2	1	3
Due to alcohol	5	1	....	1
With cerebral arteriosclerosis	8	13	4	17
Senile	11	4	4	8
Involutional	12	....	2	2
Due to other metabolic, etc., diseases	13	1	....	1
Due to a new growth	14	1	....	1
Psychoneuroses	16	2	4	6
Manic-depressive	17	....	3	3
Dementia praecox (schizophrenia)	18	4	10	14
Paranoia and paranoid conditions	19	1	....	1
With mental deficiency	21	1	....	1
Undiagnosed	22	1	....	1
Without mental disorder	23	17	8	25
Primary behavior disorders	24	1	....	1
Total		49	36	85

**DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Illiterate				
With syphilitic meningo-encephalitis (general paresis)	1	10	2	12
With other forms of syphilis of the central nervous system	2	1	....	1
Due to alcohol	5	5	1	6
With cerebral arteriosclerosis	8	25	14	39
Due to convulsive disorder (epilepsy)	10	2	2	4
Senile	11	4	11	15
Due to unknown or hereditary cause but associated with organic change	15	2	1	3
Psychoneuroses	16	1	....	1
Manic-depressive	17	2	3	5
Dementia praecox (schizophrenia)	18	15	8	23
Paranoia and paranoid conditions	19	....	1	1
With mental deficiency	21	8	6	14
Without mental disorder	23	16	11	27
Total		91	60	151
Reads and Writes				
Manic-depressive	17	....	1	1
Without mental disorder	23	1	....	1
Total		1	1	2
Common School				
With syphilitic meningo-encephalitis (general paresis)	1	12	7	19
With other forms of syphilis of the central nervous system	2	....	1	1
With epidemic encephalitis	3	1	....	1
Due to alcohol	5	18	1	19
Due to trauma	7	3	....	3
With cerebral arteriosclerosis	8	29	20	49
Due to convulsive disorder (epilepsy)	10	3	3	6
Senile	11	1	3	4
Due to other metabolic, etc., diseases	13	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Psychoneuroses	16	1	1	2
Manic-depressive	17	1	32	33
Dementia praecox (schizophrenia)	18	50	56	106
With mental deficiency	21	2	3	5
Undiagnosed	22	....	1	1
Without mental disorder	23	15	6	21
Total		137	135	272
High School				
With syphilitic meningo-encephalitis (general paresis)	1	....	1	1
Due to alcohol	5	4	1	5
With cerebral arteriosclerosis	8	2	2	4
With other disturbances of circulation	9	1	1	2
Senile	11	....	1	1
Involuntional	12	....	1	1
Psychoneuroses	16	....	1	1
Manic-depressive	17	....	5	5
Dementia praecox (schizophrenia)	18	10	15	25
Without mental disorder	23	4	2	6
Total		21	30	51
College				
Due to alcohol	5	2	....	2
Manic-depressive	17	1	2	3
Dementia praecox (schizophrenia)	18	3	2	5
Total		6	4	10

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Unascertained				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
With other infectious diseases	4	1	....	1
Due to alcohol	5	3	....	3
Due to trauma	7	1	....	1
With cerebral arteriosclerosis	8	8	5	13
Due to convulsive disorder (epilepsy)	10	2	2	4
Senile	11	....	2	2
Due to unknown or hereditary cause but associated with organic change	15	2	....	2
Manic-depressive	17	1	4	5
Dementia praecox (schizophrenia)	18	8	8	16
With mental deficiency	21	2	2	4
Without mental disorder	23	4	2	6
Total		34	25	59

**ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

White Race

PSYCHOSES	Code No.	Men	Women	Total
Urban				
With syphilitic meningo-encephalitis (general paresis)	1	9	4	13
Due to alcohol	5	8	1	9
Due to a drug or other exogenous poison	6	2	3	5
With cerebral arteriosclerosis	8	64	42	106
With other disturbances of circulation	9	1	2	3
Due to convulsive disorder (epilepsy)	10	2	2	4
Senile	11	20	22	42
Involuntal	12	2	8	10
Due to other metabolic, etc., diseases	13	1	2	3
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Psychoneuroses	16	16	33	49
Manic-depressive	17	17	12	29
Dementia praecox (schizophrenia)	18	47	84	131
Paranoia and paranoid conditions	19	4	3	7
With mental deficiency	21	8	2	10
Undiagnosed	22	1	....	1
Without mental disorder	23	111	25	136
Primary behavior disorders	24	....	4	4
Total		313	250	563
Rural				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
Due to alcohol	5	8	1	9
Due to a drug or other exogenous poison	6	....	1	1
With cerebral arteriosclerosis	8	38	25	63
With other disturbances of circulation	9	4	1	5
Due to convulsive disorder (epilepsy)	10	6	1	7
Senile	11	18	12	30
Involuntal	12	4	4	8
Due to a new growth	14	1	1	2
Due to unknown or hereditary cause but associated with organic change	15	2	3	5
Psychoneuroses	16	4	17	21
Manic-depressive	17	3	2	5
Dementia praecox (schizophrenia)	18	30	62	92
Paranoia and paranoid conditions	19	....	2	2
With psychopathic personality	20	1	....	1
With mental deficiency	21	6	3	9
Undiagnosed	22	....	1	1
Without mental disorder	23	56	26	82
Primary behavior disorders	24	....	1	1
Total		184	163	347
Unascertained				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
With cerebral arteriosclerosis	8	....	2	2
Senile	11	1	2	3
Due to other metabolic, etc., diseases	13	1	....	1
Psychoneuroses	16	....	1	1
Manic-depressive	17	1	1	2
Dementia praecox (schizophrenia)	18	1	1	2
Undiagnosed	22	2	....	2
Without mental disorder	23	5	6	11
Primary behavior disorders	24	1	1	2
Total		14	14	28

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Urban				
With syphilitic meningo-encephalitis (general paresis)	1	13	6	19
With other forms of syphilis of the central nervous system	2	....	1	1
Due to alcohol	5	21	2	23
Due to trauma	7	2	....	2
With cerebral arteriosclerosis	8	23	24	47
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	4	2	6
Senile	11	1	13	14
Due to unknown or hereditary cause but associated with organic change	15	3	....	3
Psychoneuroses	16	1	1	2
Manic-depressive	17	1	15	16
Dementia praecox (schizophrenia)	18	39	38	77
Paranoia and paranoid conditions	19	....	1	1
With mental deficiency	21	4	3	7
Without mental disorder	23	13	4	17
Total		126	111	237
Rural				
With syphilitic meningo-encephalitis (general paresis)	1	10	4	14
With other forms of syphilis of the central nervous system	2	1	....	1
With epidemic encephalitis	3	1	....	1
Due to alcohol	5	9	1	10
Due to trauma	7	2	....	2
With cerebral arteriosclerosis	8	39	17	56
Due to convulsive disorder (epilepsy)	10	3	5	8
Senile	11	4	4	8
Involuntal	12	....	1	1
Due to other metabolic, etc., diseases	13	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	2	1	3
Psychoneuroses	16	1	1	2
Manic-depressive	17	4	31	35
Dementia praecox (schizophrenia)	18	44	51	95
With mental deficiency	21	6	8	14
Undiagnosed	22	....	1	1
Without mental disorder	23	24	14	38
Total		150	140	290
Unascertained				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With other infectious diseases	4	1	....	1
Due to alcohol	5	2	....	2
With cerebral arteriosclerosis	8	2	....	2
Manic-depressive	17	....	1	1
Dementia praecox (schizophrenia)	18	3	....	3
With mental deficiency	21	2	....	2
Without mental disorder	23	3	3	6
Total		14	4	18

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

White Race

PSYCHOSES	Code No.	Men	Women	Total
Abstinent				
With syphilitic meningo-encephalitis (general paresis)	1	5	4	9
Due to a drug or other exogenous poison	6	...	4	4
With cerebral arteriosclerosis	8	67	68	135
With other disturbances of circulation	9	5	3	8
Due to convulsive disorder (epilepsy)	10	8	3	11
Senile	11	33	34	67
Involutional	12	1	11	12
Due to other metabolic, etc., diseases	13	1	2	3
Due to new growth	14	...	1	1
Due to unknown or hereditary cause but associated with organic change	15	2	4	6
Psychoneuroses	16	12	46	58
Manic-depressive	17	6	12	18
Dementia praecox (schizophrenia)	18	53	134	187
Paranoia and paranoid conditions	19	1	5	6
With psychopathic personality	20	1	...	1
With mental deficiency	21	8	4	12
Undiagnosed	22	1	1	2
Without mental disorder	23	35	33	68
Primary behavior disorders	24	...	4	4
Total		239	373	612
Temperate				
With syphilitic meningo-encephalitis (general paresis)	1	1	...	1
Due to alcohol	5	14	1	15
Due to a drug or other exogenous poison	6	1	...	1
With cerebral arteriosclerosis	8	8	1	9
Senile	11	2	1	3
Involutional	12	1	1	2
Psychoneuroses	16	2	2	4
Manic-depressive	17	4	1	5
Dementia praecox (schizophrenia)	18	7	5	12
Paranoia and paranoid conditions	19	1	...	1
With mental deficiency	21	1	...	1
Without mental disorder	23	91	4	95
Primary behavior disorders	24	...	2	2
Total		133	18	151
Intemperate				
With syphilitic meningo-encephalitis (general paresis)	1	5	...	5
Due to alcohol	5	2	1	3
Due to a drug or other exogenous poison	6	1	...	1
With cerebral arteriosclerosis	8	21	...	21
Senile	11	4	...	4
Involutional	12	4	...	4
Psychoneuroses	16	5	3	8
Manic-depressive	17	9	1	10
Dementia praecox (schizophrenia)	18	16	8	24
Paranoia and paranoid conditions	19	1	...	1
With mental deficiency	21	4	1	5
Undiagnosed	22	1	...	1
Without mental disorder	23	35	16	51
Total		108	30	138

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued

White Race

PSYCHOSES	Code No.	Men	Women	Total
Unascertained				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
With cerebral arteriosclerosis	8	6	....	6
Senile	11	....	1	1
Due to metabolic, etc., diseases	13	1	....	1
Due to new growth	14	1	....	1
Psychoneuroses	16	1	....	1
Manic-depressive	17	2	1	1
Dementia praecox (schizophrenia)	18	2	....	2
Paranoia and paranoid conditions	19	1	....	1
With mental deficiency	21	1	....	1
Undiagnosed	22	1	....	1
Without mental disorder	23	11	4	15
Primary behavior disorders	24	1	....	1
Total		31	6	37

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Abstinent				
With syphilitic meningo-encephalitis (general paresis)	1	14	8	22
With other forms of syphilis of the central nervous system	2	...	1	1
With epidemic encephalitis	3	1	...	1
Due to alcohol	5	...	1	1
Due to trauma	7	2	...	2
With cerebral arteriosclerosis	8	38	37	75
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	6	6	12
Senile	11	3	16	19
Involutional	12	...	1	1
Due to other metabolic, etc., diseases	13	...	1	1
Due to unknown or hereditary cause but associated with organic change	15	3	1	4
Psychoneuroses	16	2	2	4
Manic-depressive	17	4	42	46
Dementia praecox (schizophrenia)	18	44	74	118
Paranoia and paranoid conditions	19	...	1	1
With mental deficiency	21	8	10	18
Undiagnosed	22	...	1	1
Without mental disorder	23	17	16	33
Total		143	219	362
Temperate				
With syphilitic meningo-encephalitis (general paresis)	1	8	...	8
Due to trauma	7	2	...	2
With cerebral arteriosclerosis	8	12	2	14
Due to convulsive disorder (epilepsy)	10	1	...	1
Senile	11	2	1	3
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Manic-depressive	17	1	4	5
Dementia praecox (schizophrenia)	18	31	8	39
With mental deficiency	21	2	...	2
Without mental disorder	23	7	...	7
Total		67	15	82
Intemperate				
With syphilitic meningo-encephalitis (general paresis)	1	2	2	4
Due to alcohol	5	31	2	33
With cerebral arteriosclerosis	8	6	...	6
Manic-depressive	17	...	1	1
Dementia praecox (schizophrenia)	18	6	2	8
With mental deficiency	21	...	1	1
Without mental disorder	23	13	2	15
Total		58	10	68
Unascertained				
With other forms of syphilis of the central nervous system	2	1	...	1
With other infectious diseases	4	1	...	1
Due to alcohol	5	1	...	1
With cerebral arteriosclerosis	8	8	2	10
Due to convulsive disorder (epilepsy)	10	...	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Dementia praecox (schizophrenia)	18	5	5	10
With mental deficiency	21	2	...	2
Without mental disorder	23	3	3	6
Total		22	11	33

**MARITAL STATUS OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

White Race

PSYCHOSES	Code No.	Men	Women	Total
Single				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Due to alcohol	5	1	....	1
With cerebral arteriosclerosis	8	14	7	21
With other disturbances of circulation	9	....	1	1
Due to convulsive disorder (epilepsy)	10	7	2	9
Senile	11	3	9	12
Involuntional	12	....	3	3
Due to new growth	14	1	....	1
Due to unknown or hereditary cause but associated with organic change	15	1	2	3
Psychoneuroses	16	2	7	9
Manic-depressive	17	4	1	5
Dementia praecox (schizophrenia)	18	39	39	78
Paranoia and paranoid conditions	19	1	2	3
With mental deficiency	21	6	....	6
Undiagnosed	22	2	....	2
Without mental disorder	23	47	19	66
Primary behavior disorders	24	1	2	3
Total		130	94	224
Married				
With syphilitic meningo-encephalitis (general paresis)	1	9	1	10
Due to alcohol	5	10	1	11
Due to a drug or other exogenous poison	6	2	3	5
With cerebral arteriosclerosis	8	66	23	94
With other disturbances of circulation	9	2	1	3
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	15	6	21
Involuntional	12	6	5	11
Due to other metabolic, etc., diseases	13	1	2	3
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Psychoneuroses	16	15	34	49
Manic-depressive	17	16	9	25
Dementia praecox (schizophrenia)	18	31	91	122
Paranoia and paranoid conditions	19	2	2	4
With psychopathic personality	20	1	....	1
With mental deficiency	21	5	3	8
Undiagnosed	22	....	1	1
Without mental disorder	23	88	22	110
Primary behavior disorders	24	....	3	3
Total		270	213	483
Widowed				
With syphilitic meningo-encephalitis (general paresis)	1	3	1	4
Due to alcohol	5	....	1	1
Due to a drug or other exogenous poison	6	....	1	1
With cerebral arteriosclerosis	8	13	28	41
With other disturbances of circulation	9	3	....	3
Due to convulsive disorder (epilepsy)	10	....	1	1
Senile	11	21	19	40
Involuntional	12	....	4	4
Due to new growth	14	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Psychoneuroses	16	....	7	7
Manic-depressive	17	....	3	3
Dementia praecox (schizophrenia)	18	....	5	5
Paranoia and paranoid conditions	19	....	1	1
With mental deficiency	21	1	1	2
Without mental disorder	23	6	5	11
Total		47	79	126

**MARITAL STATUS OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued**

White Race

PSYCHOSES	Code No.	Men	Women	Total
Separated				
With syphilitic meningo-encephalitis (general paresis)	1	....	1	1
Due to alcohol	5	2	....	2
With cerebral arteriosclerosis	8	4	....	4
Psychoneuroses	16	1	1	2
Manic-depressive	17	1	1	2
Dementia praecox (schizophrenia)	18	3	9	12
With mental deficiency	21	1	....	1
Without mental disorder	23	10	5	15
Primary behavior disorders	24	....	1	1
Total		22	18	40
Divorced				
With syphilitic meningo-encephalitis (general paresis)	1	1	1	2
Due to alcohol	5	3	....	3
With cerebral arteriosclerosis	8	5	4	9
With other disturbances of circulation	9	....	1	1
Senile	11	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Psychoneuroses	16	2	2	4
Manic-depressive	17	....	1	1
Dementia praecox (schizophrenia)	18	5	2	7
With mental deficiency	21	....	1	1
Without mental disorder	23	17	5	22
Total		34	18	52
Unascertained				
With cerebral arteriosclerosis	8	....	2	2
Senile	11	....	1	1
Due to other metabolic, etc., diseases	13	1	....	1
Dementia praecox (schizophrenia)	18	....	1	1
Paranoia and paranoid conditions	19	1	....	1
With mental deficiency	21	1	....	1
Undiagnosed	22	1	....	1
Without mental disorder	23	4	1	5
Total		8	5	13

**MARITAL STATUS OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Single				
With syphilitic meningo-encephalitis (general paresis)	1	2	3	5
With epidemic encephalitis	3	1	...	1
Due to alcohol	5	6	...	6
Due to trauma	7	2	...	2
With cerebral arteriosclerosis	8	4	7	11
With other disturbances of circulation	9	...	1	1
Due to convulsive disorder (epilepsy)	10	3	3	6
Senile	11	...	1	1
Due to other metabolic, etc., diseases	13	...	1	1
Due to unknown or hereditary cause but associated with organic change	15	4	1	5
Psychoneuroses	16	1	1	2
Manic-depressive	17	...	7	7
Dementia praecox (schizophrenia)	18	47	30	77
With mental deficiency	21	12	6	18
Without mental disorder	23	20	19	39
Total		102	80	182
Married				
With syphilitic meningo-encephalitis (general paresis)	1	14	3	17
With other forms of syphilis of the central nervous system	2	1	...	1
With other infectious diseases	4	1	...	1
Due to alcohol	5	15	...	15
Due to trauma	7	1	...	1
With cerebral arteriosclerosis	8	35	18	53
With other disturbances of circulation	9	1	...	1
Due to convulsive disorder (epilepsy)	10	2	1	3
Senile	11	3	3	6
Involutional	12	...	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	...	1
Psychoneuroses	16	1	1	2
Manic-depressive	17	5	26	31
Dementia praecox (schizophrenia)	18	29	48	77
With mental deficiency	21	...	5	5
Undiagnosed	22	...	1	1
Without mental disorder	23	15	2	17
Total		124	109	233
Widowed				
With syphilitic meningo-encephalitis (general paresis)	1	4	2	6
With other forms of syphilis of the central nervous system	2	...	1	1
Due to alcohol	5	1	...	1
With cerebral arteriosclerosis	8	15	13	28
Due to convulsive disorder (epilepsy)	10	1	...	1
Senile	11	2	10	12
Manic-depressive	17	...	6	6
Dementia praecox (schizophrenia)	18	1	1	2
Total		24	33	57
Separated				
With syphilitic meningo-encephalitis (general paresis)	1	1	...	1
Dementia praecox (schizophrenia)	18	...	1	1
Total		1	1	2

**MARITAL STATUS OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Divorced				
With syphilitic meningo-encephalitis (general paresis)	1	3	2	5
Due to alcohol	5	8	2	10
Due to trauma	7	1	...	1
With cerebral arteriosclerosis	8	8	1	9
Due to convulsive disorder (epilepsy)	10	1	3	4
Senile	11	...	1	1
Manic-depressive	17	...	8	8
Dementia praecox (schizophrenia)	18	7	7	14
Paranoia and paranoid conditions	19	...	1	1
Without mental disorder	23	4	...	4
Total		32	25	57
Unascertained				
Due to alcohol	5	2	1	3
With cerebral arteriosclerosis	8	2	2	4
Senile	11	...	2	2
Dementia praecox (schizophrenia)	18	2	2	4
Without mental disorder	23	1	...	1
Total		7	7	14

PSYCHOSES OF READMISSIONS

PSYCHOSES	Code No	White Men	White Women	Negro Men	Negro Women	Total
Undiagnosed	22	1	2	..	..	3
Total		1	2	..	..	3
With syphilitic meningo-encephalitis (general paresis)	10	2	2	1	6	11
Total		2	2	1	6	11
With other forms of syphilis of the central nervous system:						
Other types	23	..	..	1	..	1
Total .....		..	..	1	..	1
Due to alcohol	50	..	..	1	..	1
Delirium tremens	52	6	..	1	..	7
Acute hallucinosis	54	..	1	3	..	4
Other types	55	1	..	..	..	1
Total		7	1	5	..	13
Due to a drug or other exogenous poison:						
Opium or a derivative	63	2	1	..	..	3
Another drug	64	..	3	..	..	3
Total		2	4	..	..	6
Due to trauma:						
Mental deterioration	73	..	..	1	..	1
Other types	74	..	..	1	..	1
Total .....		..	..	2	..	2
With cerebral arteriosclerosis	80	15	18	5	4	42
Total		15	18	5	4	42
Due to convulsive disorder (epilepsy):						
Deterioration	101	8	2	1	1	12
Clouded states	102	3	3	1	..	7
Other types	103	..	1	..	1	2
Total		11	6	2	2	21
Senile:						
Simple deterioration	111	1	2	..	4	7
Paranoid	115	..	..	..	1	1
Total		1	2	..	5	8
Involuntional:						
Melancholia	121	4	..	..	..	4
Paranoid	122	..	1	..	..	1
Total		4	1	..	..	5
Due to unknown or hereditary cause but associated with organic change:						
Multiple sclerosis	151	..	..	1	..	1
Total .....		..	..	1	..	1
Psychoneuroses:						
Hysteria	161	1	7	..	..	8
Neurasthenia	163	1	3	..	..	4
Anxiety state	166	..	1	..	..	1
Mixed psychoneurosis	168	1	1	..	..	2
Total		3	12	..	..	15

PSYCHOSES OF READMISSIONS—Continued

PSYCHOSES	Code No.	White Men	White Women	Negro Men	Negro Women	Total
Manic depressive:						
Manic	171	14	15	7	20	56
Depressive	172	14	8	..	..	22
Mixed	174	2	1	..	3	6
Total		30	24	7	23	84
Dementia praecox (schizophrenia):						
Hebephrenic	182	7	1	8	4	20
Catatonic	183	19	50	9	15	93
Paranoid	184	12	21	3	4	40
Other types	185	1	1	1	..	3
Total		39	73	21	23	156
Paranoia and paranoid conditions:						
Paranoid conditions	192	4	1	..	..	5
Total		4	1	..	..	5
With mental deficiency	210	5	7	1	2	15
Total		5	7	1	2	15
TOTAL WITH PSYCHOSES		124	153	46	65	388
Without psychoses:						
Without mental disorder	230	7	5	2	..	14
Epilepsy	231	..	3	..	..	3
Alcoholism	232	30	5	3	..	38
Drug addiction	233	3	7	..	..	10
Mental deficiency	234	3	2	5	1	11
Psychopathic personality	236	4	1	..	..	5
Other nonpsychotic diseases or conditions	237	1	1	..	..	2
Total		48	24	10	1	83
Primary behavior disorders	240	..	1	..	..	1
Simple adult maladjustment	241	..	3	..	..	3
Conduct disturbance	242	..	2	..	..	2
Total .....		..	6	..	..	6
TOTAL WITHOUT PSYCHOSES		48	30	10	1	89
GRAND TOTAL		172	183	56	66	477

**DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE**
White Race

PSYCHOSES	Code No.	Men	Women	Total
With syphilitic meningo-encephalitis (general paresis)	1	12	4	16
With epidemic encephalitis	3	3	2	5
With other infectious diseases	4	1	...	1
Due to alcohol	5	16	2	18
Due to a drug or other exogenous poison	6	4	7	11
Due to trauma	7	2	...	2
With cerebral arteriosclerosis	8	53	38	91
With other disturbances of circulation	9	2	1	3
Due to convulsive disorder (epilepsy)	10	10	5	15
Senile	11	9	5	14
Involuntional	12	21	32	53
Due to other metabolic, etc., diseases	13	1	1	2
Due to new growth	14	...	2	2
Due to unknown or hereditary cause but associated with organic change	15	...	1	1
Psychoneuroses	16	17	77	94
Manic-depressive	17	64	43	107
Dementia praecox (schizophrenia)	18	99	142	241
Paranoia and paranoid conditions	19	10	13	23
With mental deficiency	21	12	9	21
Total		336	384	720
Recovered				
Due to alcohol	5	15	2	17
Due to a drug or other exogenous poison	6	3	5	8
Psychoneuroses	16	...	2	2
With mental deficiency	21	...	1	1
Total		18	10	28
Improved				
With syphilitic meningo-encephalitis (general paresis)	1	11	4	15
With epidemic encephalitis	3	3	2	5
With other infectious diseases	4	1	...	1
Due to alcohol	5	1	...	1
Due to a drug or other exogenous poison	6	1	2	3
Due to trauma	7	2	...	2
With cerebral arteriosclerosis	8	40	35	75
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	8	4	12
Senile	11	2	3	5
Involuntional	12	21	32	53
Due to other metabolic, etc., diseases	13	1	1	2
Due to unknown or hereditary cause but associated with organic change	15	...	1	1
Psychoneuroses	16	16	75	91
Manic-depressive	17	64	43	107
Dementia praecox (schizophrenia)	18	92	139	231
Paranoia and paranoid conditions	19	7	13	20
With mental deficiency	21	12	7	19
Total		283	362	645
Unimproved				
With syphilitic meningo-encephalitis (general paresis)	1	1	...	1
With cerebral arteriosclerosis	8	13	3	16
With other disturbances of circulation	9	1	...	1
Due to convulsive disorder (epilepsy)	10	2	1	3
Senile	11	7	2	9
Due to new growth	14	...	2	2
Psychoneuroses	16	1	...	1
Dementia praecox (schizophrenia)	18	7	3	10
Paranoia and paranoid conditions	19	2	...	2
With mental deficiency	21	...	1	1
Total		34	12	46
TOTAL WITH PSYCHOSES		335	384	719

**DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE—Continued**

White Race

PSYCHOSES	Code No.	Men	Women	Total
Without Psychoses				
Epilepsy	101	9	9	18
Alcoholism	8	15	11	26
Drug addiction	15	6	21	27
Psychopathic personality	10	13	23	36
Mental deficiency	1	1	1	2
Paranoia and paranoid conditions	1	1	1	2
Due to trauma	77	34	111	145
Others				
TOTAL WITHOUT PSYCHOSES		213	88	301
GRAND TOTAL		548	472	1020

**DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
With syphilitic meningo-encephalitis (general paresis)	1	13	10	23
With other forms of syphilis of the central nervous system	2	1	.....	1
With epidemic encephalitis	3	.....	1	1
Due to alcohol	5	19	1	20
Due to trauma	7	1	.....	1
With cerebral arteriosclerosis	8	15	10	25
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	13	2	15
Senile	11	3	3	6
Involutional	12	.....	4	4
Due to other metabolic, etc., diseases	13	1	1	2
Psychoneuroses	16	3	3	6
Manic-depressive	17	21	54	75
Dementia praecox (schizophrenia)	18	75	55	130
Paranoia and paranoid conditions	19	.....	4	4
With mental deficiency	21	6	2	8
Total		172	151	323
Recovered				
Due to alcohol	5	14	1	15
Manic-depressive	17	.....	4	4
Dementia praecox (schizophrenia)	18	.....	1	1
Total		14	6	20
Improved				
With syphilitic meningo-encephalitis (general paresis)	1	13	10	23
With other forms of syphilis of the central nervous system	2	1	.....	1
With epidemic encephalitis	3	.....	1	1
Due to alcohol	5	5	.....	5
Due to trauma	7	1	.....	1
With cerebral arteriosclerosis	8	13	10	23
With other disturbances of circulation	9	1	1	2
Due to convulsive disorder (epilepsy)	10	13	2	15
Senile	11	2	3	5
Involutional	12	.....	4	4
Due to other metabolic, etc., diseases	13	1	1	2
Psychoneuroses	16	3	3	6
Manic-depressive	17	21	50	71
Dementia praecox (schizophrenia)	18	73	54	127
Paranoia and paranoid conditions	19	.....	4	4
With mental deficiency	21	6	2	8
Total		153	145	298
Unimproved				
With cerebral arteriosclerosis	8	2	.....	2
Senile	11	1	.....	1
Dementia praecox (schizophrenia)	18	2	.....	2
Total		5	.....	5
TOTAL WITH PSYCHOSES		172	151	323
Without Psychoses				
Epilepsy .....	.....	.....	2	2
Alcoholism .....	.....	1	1	2
Drug addiction	15	1	1	16
Psychopathic personality	1	1	.....	2
Mental deficiency	7	2	.....	9
Without mental disorder	19	4	.....	23
TOTAL WITHOUT PSYCHOSES		43	11	54
GRAND TOTAL		215	162	377

DEATHS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

White Race

PSYCHOSES	Code No.	Men	Women	Total
With syphilitic meningo-encephalitis (general paresis)	1	12	1	13
Due to a drug or other exogenous poison	6	....	1	1
Due to trauma	7	1	....	1
With cerebral arteriosclerosis	8	34	27	61
With other disturbances of circulation	9	5	1	6
Due to convulsive disorder (epilepsy)	10	5	3	8
Senile	11	22	27	49
Involuntal	12	....	2	2
Due to other metabolic, etc., diseases	13	3	1	4
Due to new growth	14	2	....	2
Due to unknown or hereditary cause but associated with organic change	15	1	2	3
Psychoneuroses	16	1	3	4
Manic-depressive	17	12	1	13
Dementia praecox (schizophrenia)	18	8	12	20
Paranoia and paranoid conditions	19	3	4	7
With mental deficiency	21	1	1	2
Undiagnosed	22	3	2	5
Without mental disorder	23	7	4	11
Total		120	92	212
Cause of Death				
Pulmonary tuberculosis	002	7	1	8
Syphilitic meningo-encephalitis	025	8	....	8
Adenocarcinoma salivary glands	1421	....	1	1
Carcinoma of descending colon	153	1	....	1
Neoplasms of pleura	163	1	....	1
Malignant tumor of uterus	172	....	1	1
Carcinoma of uterus	174	....	1	1
Prostatic carcinoma	177	1	....	1
Cancer of kidney	180	1	....	1
Tumor of brain, oligodendroglioma	193	1	....	1
Hodgkins disease	201	....	1	1
Myelogenous leukemia	2041	1	....	1
Carcinoma of colon	230	....	1	1
Acute adrenal insufficiency	274	....	1	1
Senile psychosis	304	....	1	1
Exhaustion due to mental excitement	3181	5	....	5
Alcoholism, acute	322	....	1	1
Chronic poisoning by morphine	323	1	....	1
Subarachnoid hemorrhage	330	1	....	1
Cerebral hemorrhage	331	6	12	18
Cerebral arteriosclerosis	334	19	10	29
Paralysis agitans	350	1	....	1
Epilepsy	353	4	....	4
Epilepsy, grand mal (idiopathic)	3532	....	2	2
Coronary occlusion	420	1	....	1
Heart disease involving coronary arteries	4201	8	14	22
Angina pectoris	4202	1	....	1
Chronic myocarditis with arteriosclerosis	4221	6	29	35
Chronic myocarditis (interstitial)	4222	....	1	1
General arteriosclerosis	450	39	6	45
Aneurysm (ruptured)	451	....	1	1
Lobar pneumonia	490	4	....	4
Bronchopneumonia	491	....	1	1
Pulmonary emphysema with heart failure	5271	1	....	1
Perforation of ascending colon	578	....	1	1
Chronic nephritis	592	....	2	2
Pemphigus	7041	....	1	1
Uremia	792	....	2	2
Heat stroke	E931	....	1	1
Homicide	E983	1	....	1
Shock due to scalding	9956	1	....	1
Total		120	92	212

DEATHS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES—Continued

White Race

CAUSE OF DEATH	Code No.	Men	Women	Total
Senile				
Cerebral arteriosclerosis	334	2	6	8
Heart disease involving coronary arteries	4201	1	4	5
Chronic myocarditis with arteriosclerosis	4221	....	11	11
Chronic myocarditis (interstitial)	4222	....	1	1
General arteriosclerosis	450	17	2	19
Lobar pneumonia	490	1	....	1
Chronic nephritis	592	....	1	1
Uremia	792	....	2	2
Shock due to scalding	9956	1	....	1
Total		22	27	49
Cerebral Arteriosclerosis				
Carcinoma of descending colon	153	1	....	1
Malignant tumor of uterus	172	....	1	1
Alcoholism, acute	322	....	1	1
Cerebral hemorrhage	331	5	5	10
Cerebral arteriosclerosis	334	11	2	13
Heart disease involving coronary arteries	4201	1	3	4
Angina pectoris	4202	1	....	1
Chronic myocarditis with arteriosclerosis	4221	3	11	14
General arteriosclerosis	450	11	3	14
Bronchopneumonia	491	....	1	1
Lobar pneumonia	490	1	....	1
Total		34	27	61
Syphilitic Meningo-Encephalitis				
Pulmonary tuberculosis	002	2	....	2
Syphilitic meningo-encephalitis	025	8	....	8
Carcinoma of uterus	174	....	1	1
Coronary occlusion	420	1	....	1
General arteriosclerosis	450	1	....	1
Total		12	1	13
Manic-Depressive				
Pulmonary tuberculosis	002	1	....	1
Cancer of kidney	180	1	....	1
Myelogenous leukemia	2041	1	....	1
Exhaustion, mental excitement	3183	1	....	1
Cerebral arteriosclerosis	334	2	....	2
Heart disease involving coronary arteries	4201	3	....	3
General arteriosclerosis	450	3	....	3
Perforation of ascending colon	578	....	1	1
Total		12	1	13
Involutional Psychoses				
Chronic myocarditis with arteriosclerosis	4221	2	....	2
Total		2	....	2
Dementia Praecox				
Pulmonary tuberculosis	002	3	1	4
Hodgkins disease	201	....	1	1
Carcinoma of colon	230	....	1	1
Acute adrenal insufficiency	274	....	1	1
Exhaustion, mental excitement	3183	1	....	1
Cerebral hemorrhage	331	....	3	3
Heart disease involving coronary arteries	4201	1	3	4
Chronic myocarditis with arteriosclerosis	4221	1	1	2
General arteriosclerosis	450	1	....	1
Heat stroke	E931	....	1	1
Homicide	E983	1	....	1
Total		8	12	20

DEATHS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES—Continued

White Race

CAUSE OF DEATH	Code No.	Men	Women	Total
Paranoia and Paranoid Conditions				
Cerebral hemorrhage	331	.....	2	2
Heart disease involving coronary arteries	4201	.....	1	1
Chronic myocarditis with arteriosclerosis	4221	1	1	2
General arteriosclerosis	450	2	.....	2
Total		3	4	7
Convulsive Disorders—Epilepsy				
Cerebral arteriosclerosis	334	1	.....	1
Epilepsy	353	4	.....	4
Epilepsy, grand mal (idiopathic)	3532	.....	2	2
Chronic myocarditis with arteriosclerosis	4221	.....	1	1
Total		5	3	8
Psychoneuroses				
Heart disease involving coronary arteries	4201	.....	2	2
General arteriosclerosis	450	1	.....	1
Chronic nephritis	592	.....	1	1
Total		1	3	4
With Mental Deficiency				
Exhaustion due to mental excitement	3181	1	.....	1
Aneurysm (ruptured)	451	.....	1	1
Total		1	1	2
All Other Psychoses				
Prostatic carcinoma	177	1	.....	1
Chronic myocarditis (interstitial)	4221	.....	1	1
General arteriosclerosis	450	3	.....	3
Lobar pneumonia	490	2	.....	2
Chronic myocarditis with arteriosclerosis	4221	.....	1	1
Heart disease involving coronary arteries	4201	1	.....	1
Pulmonary tuberculosis	002	1	.....	1
Cerebral hemorrhage	331	.....	1	1
Cerebral arteriosclerosis	334	2	.....	2
Tumor of brain, oligodendroglioma	193	1	.....	1
Cerebral hemorrhage	331	1	.....	1
Senile psychosis	304	.....	1	1
Paralysis agitans	350	1	.....	1
Heart disease involving coronary arteries	4201	.....	1	1
Adenocarcinoma salivary glands	1421	.....	1	1
Neoplasms of pleura	163	1	.....	1
Exhaustion, mental excitement	3183	2	.....	2
General arteriosclerosis	450	.....	1	1
Chronic poisoning by morphine	323	1	.....	1
Subarachnoid hemorrhage	330	1	.....	1
Cerebral hemorrhage	331	.....	1	1
Cerebral arteriosclerosis	334	1	2	3
Heart disease involving coronary arteries	4201	1	.....	1
Chronic myocarditis with arteriosclerosis	4221	1	.....	1
Pulmonary emphysema with heart failure	5271	1	.....	1
Pemphigus	7041	.....	1	1
Total		22	11	33
GRAND TOTAL		120	92	212

DEATHS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
Negro Race

PSYCHOSES	Code No.	Men	Women	Total
With syphilitic meningo-encephalitis (general paresis)	1	10	2	12
With other forms of syphilis of the central nervous system	2	....	1	1
With other infectious diseases	4	1	....	1
Due to alcohol	5	2	....	2
With cerebral arteriosclerosis	8	38	23	61
With other disturbances of circulation	9	1	2	3
Due to convulsive disorder (epilepsy)	10	7	2	9
Senile	11	5	15	20
Due to other metabolic, etc., diseases	13	....	2	2
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Manic-depressive	17	5	2	7
Dementia praecox (schizophrenia)	18	14	13	27
With mental deficiency	21	3	2	5
Undiagnosed	22	....	1	1
Without mental disorder	23	9	3	12
Total		96	68	164
Cause of Death				
Pulmonary tuberculosis	2	12	5	17
Tuberculosis of spine (lumbar)	12	1	....	1
Syphilitic meningo-encephalitis	25	9	2	11
Meningo-vascular syphilis	26	....	1	1
Malignant neoplasm of lungs (secondary)	165	....	1	1
Carcinoma of cervix	171	....	1	1
Diabetes mellitus	260	....	1	1
Pernicious anemia	290	1	....	1
Dementia praecox (schizophrenia)	3002	....	1	1
Senile psychosis	304	1	1	2
Epilepsy and other convulsive disorders	3081	6	....	6
Exhaustion, mental	3183	7	3	10
Subarachnoid hemorrhage	330	....	1	1
Cerebral hemorrhage	331	4	3	7
Cerebral arteriosclerosis	334	6	4	10
Heart disease involving coronary arteries	4201	6	3	9
Chronic myocarditis (interstitial)	4222	....	1	1
Congestive heart failure	4341	1	....	1
Acute cardiac dilatation (sudden death)	4343	....	1	1
Cardiovascular renal (hypertensive) disease	442	4	1	5
Hypertensive cardiovascular disease	443	1	....	1
General arteriosclerosis	450	29	29	58
Lobar pneumonia	490	4	2	6
Bronchopneumonia	491	....	1	1
Pulmonary hemorrhage	521	1	....	1
Intestinal obstruction	5705	1	....	1
Diarrhea and enteritis	5711	....	1	1
Premature infant	774	1	....	1
Senility	794	1	5	6
Total		96	68	164
Senile				
Senile psychosis	304	1	1	2
General arteriosclerosis	450	4	10	14
Senility	794	....	4	4
Total		5	15	20
Cerebral Arteriosclerosis				
Pulmonary tuberculosis	2	1	....	1
Malignant neoplasm of lungs (secondary)	165	....	1	1
Diabetes mellitus	260	....	1	1
Subarachnoid hemorrhage	330	....	1	1
Cerebral hemorrhage	331	4	1	5
Cerebral arteriosclerosis	334	6	4	10
Heart disease involving coronary arteries	4201	....	1	1
Cardiovascular renal (hypertensive) disease	442	4	....	4
General arteriosclerosis	450	21	13	34
Lobar pneumonia	490	2	1	3
Total		38	23	61

DEATHS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES—Continued

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Syphilitic Meningo-Encephalitis				
Pulmonary tuberculosis	2	1	....	1
Syphilitic meningo-encephalitis	25	9	2	11
Total		10	2	12
Manic-Depressive				
Pulmonary tuberculosis	2	1	....	1
Exhaustion, mental	3183	1	1	2
General arteriosclerosis	450	2	1	3
Senility	794	1	....	1
Total		5	2	7
Dementia Praecox				
Pulmonary tuberculosis	2	5	3	8
Carcinoma of cervix	171	....	1	1
Dementia praecox (schizophrenia)	3002	....	1	1
Exhaustion, mental	3183	4	1	5
Cerebral hemorrhage	331	....	1	1
Heart disease involving coronary arteries	4201	2	1	3
Chronic myocarditis (interstitial)	4222	....	1	1
Acute cardiac dilatation (sudden death)	4343	....	1	1
General arteriosclerosis	450	2	2	4
Lobar pneumonia	490	1	....	1
Senility	794	....	1	1
Total		14	13	27
Convulsive Disorders—Epilepsy				
Pulmonary tuberculosis	2	1	1	2
Tuberculosis of spine (lumbar)	12	1	....	1
Epilepsy and other convulsive disorders	3081	3	....	3
Heart disease involving coronary arteries	4201	2	1	3
Total		7	2	9
With Mental Deficiency				
Epilepsy and other convulsive disorders	3081	2	....	2
General arteriosclerosis	450	....	1	1
Lobar pneumonia	490	....	1	1
Intestinal obstruction	5705	1	....	1
Total		3	2	5
All Other Psychoses				
Pulmonary tuberculosis	2	3	1	4
Meningo-vascular syphilis	26	....	1	1
Pernicious anemia	290	1	....	1
Epilepsy and other convulsive disorders	3081	1	....	1
Exhaustion, mental	3183	2	1	3
Cerebral hemorrhage	331	....	1	1
Heart disease involving coronary arteries	4201	2	....	2
Congestive heart failure	4341	1	....	1
Cardiovascular renal (hypertensive) disease	442	....	1	1
Hypertensive cardiovascular disease	443	1	....	1
General arteriosclerosis	450	....	2	2
Lobar pneumonia	490	1	....	1
Bronchopneumonia	491	....	1	1
Pulmonary hemorrhage	521	1	....	1
Diarrhea and enteritis	5711	....	1	1
Premature infant	774	1	....	1
Total		14	9	23
GRAND TOTAL		96	68	164

**AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

White Race

PSYCHOSES	Code No.	Men	Women	Total
15-19 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Total		1	....	1
25-29 Years				
Due to convulsive disorder (epilepsy)	10	1	....	1
Due to new growth	14	1	....	1
Total		2	....	2
30-34 Years				
Due to convulsive disorder (epilepsy)	10	1	1	2
Dementia praecox (schizophrenia)	18	....	1	1
Total		1	2	3
35-39 Years				
Undiagnosed	22	1	....	1
Without mental disorder	23	....	1	1
Due to trauma	7	1	....	1
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	....	2	2
Total		3	3	6
40-44 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
Due to a drug or other exogenous poison	6	....	1	1
Due to convulsive disorder (epilepsy)	10	2	1	3
Dementia praecox (schizophrenia)	18	1	2	3
Without mental disorder	23	1	....	1
Total		6	4	10
45-49 Years				
With syphilitic meningo-encephalitis (general paresis)	1	4	1	5
Due to new growth	14	1	....	1
Psychoneuroses	16	....	1	1
Manic-depressive	17	2	....	2
Dementia praecox (schizophrenia)	18	2	....	2
Paranoia and paranoid conditions	19	1	....	1
Without mental disorder	23	1	....	1
Total		11	2	13
50-54 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
With cerebral arteriosclerosis	8	1	1	2
Due to other metabolic, etc., diseases	13	....	1	1
Dementia praecox (schizophrenia)	18	1	1	2
Paranoia and paranoid conditions	19	....	1	1
Without mental disorder	23	1	1	2
Total		6	5	11
55-59 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	3	2	5
With other disturbances of circulation	9	1	....	1
Due to convulsive disorder (epilepsy)	10	1	....	1
Involuntary	12	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	1	2
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	1	....	1
Without mental disorder	23	2	....	2
Total		11	4	15

**AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued**

White Race

PSYCHOSES	Code No.	Men	Women	Total
60-64 Years				
With cerebral arteriosclerosis	8	6	2	8
Due to other metabolic, etc., diseases	13	1	.....	1
Psychoneuroses	16	1	.....	1
Manic-depressive	17	4	.....	4
Dementia praecox (schizophrenia)	18	1	.....	1
With mental deficiency	21	1	.....	1
Without mental disorder	23	1	.....	1
Total		15	2	17
65-69 Years				
With cerebral arteriosclerosis	8	8	6	14
With other disturbances of circulation	9	2	.....	2
Senile	11	1	3	4
Psychoneuroses	16	.....	1	1
Manic-depressive	17	2	1	3
Dementia praecox (schizophrenia)	18	1	1	2
Paranoia and paranoid conditions	19	.....	1	1
With mental deficiency	21	.....	1	1
Undiagnosed	22	1	1	2
Total		15	15	30
70 Years and Over				
With syphilitic meningo-encephalitis (general paresis)	1	1	.....	1
With cerebral arteriosclerosis	8	16	16	32
With other disturbances of circulation	9	2	1	3
Due to convulsive disorder (epilepsy)	10	.....	1	1
Senile	11	21	24	45
Involuntal	12	.....	1	1
Due to other metabolic, etc., diseases	13	2	.....	2
Due to unknown or hereditary cause but associated with organic change	15	.....	1	1
Psychoneuroses	16	.....	1	1
Manic-depressive	17	2	.....	2
Dementia praecox (schizophrenia)	18	1	5	6
Paranoia and paranoid conditions	19	2	2	4
Undiagnosed	22	.....	1	1
Without mental disorder	23	1	2	3
Total		48	55	103
Unascertained				
Undiagnosed	22	1	.....	1
Total		1	.....	1
GRAND TOTAL		120	92	212

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
Less Than 1 Month				
With other forms of syphilis of the central nervous system	2	....	1	1
With other infectious diseases	4	1	....	1
With cerebral arteriosclerosis	8	8	5	13
With other disturbances of circulation	9	1	....	1
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	....	1	1
Due to other metabolic, etc., diseases	13	....	1	1
Dementia praecox (schizophrenia)	18	1	....	1
Undiagnosed	22	....	1	1
Without mental disorder	23	1	....	1
Total		13	9	22
1-3 Months				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
Due to alcohol	5	1	....	1
With cerebral arteriosclerosis	8	11	3	14
Senile	11	1	4	5
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	2	1	3
With mental deficiency	21	2	1	3
Total		21	9	30
4-7 Months				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	3	1	4
Senile	11	1	2	3
With mental deficiency	21	....	1	1
Total		5	4	9
8-12 Months				
With syphilitic meningo-encephalitis (general paresis)	1	1	1	2
Due to alcohol	5	1	....	1
With cerebral arteriosclerosis	8	2	3	5
With other disturbances of circulation	9	....	1	1
Senile	11	1	....	1
Without mental disorder	23	....	1	1
Total		5	6	11
1-2 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	7	9	16
Senile	11	1	4	5
Dementia praecox (schizophrenia)	18	2	2	4
Without mental disorder	23	2	....	2
Total		13	15	28
3-4 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	1	2
With cerebral arteriosclerosis	8	1	2	3
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	....	3	3
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	4	1	5
Without mental disorder	23	1	....	1
Total		9	7	16

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL—Continued

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
5-6 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	2	....	2
Due to convulsive disorder (epilepsy)	10	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Dementia praecox (schizophrenia)	18	....	2	2
Without mental disorder	23	1	....	1
Total		5	3	8
7-8 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Due to convulsive disorder (epilepsy)	10	2	....	2
Due to other metabolic, etc., diseases	13	....	1	1
Dementia praecox (schizophrenia)	18	....	1	1
Without mental disorder	23	1	....	1
Total		4	2	6
9-10 Years				
Without mental disorder	23	....	1	1
Manic-depressive	17	....	1	1
Total .....		....	2	2
11-12 Years				
Senile	11	1	....	1
Manic-depressive	17	....	1	1
Total		1	1	2
13-14 Years				
With cerebral arteriosclerosis	8	2	....	2
Senile	11	....	1	1
Total		2	1	3
15-19 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	2	....	2
With other disturbances of circulation	9	....	1	1
Due to convulsive disorder (epilepsy)	10	1	....	1
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	....	1	1
Without mental disorder	23	1	1	2
Total		6	3	9
20 Years and Over				
Due to convulsive disorder (epilepsy)	10	2	1	3
Manic-depressive	17	2	....	2
Dementia praecox (schizophrenia)	18	5	5	10
With mental deficiency	21	1	....	1
Without mental disorder	23	2	....	2
Total		12	6	18
GRAND TOTAL		96	68	164

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL

White Race

PSYCHOSES	Code No.	Men	Women	Total
Less Than 1 Month				
With cerebral arteriosclerosis	8	3	2	5
With other disturbances of circulation	9	1	....	1
Senile	11	3	3	6
Due to other metabolic, etc., diseases	13	1	....	1
Due to new growth	14	1	....	1
Dementia praecox (schizophrenia)	18	....	1	1
Undiagnosed	22	2	....	2
Without mental disorder	23	3	3	6
Total		14	9	23
1-3 Months				
With cerebral arteriosclerosis	8	9	4	13
With other disturbances of circulation	9	2	....	2
Senile	11	7	7	14
Manic-depressive	17	2	....	2
With mental deficiency	21	1	....	1
Undiagnosed	22	1	....	1
Without mental disorder	23	1	....	1
Total		23	11	34
4-7 Months				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
Due to a drug or other exogenous poison	6	....	1	1
Due to trauma	7	1	....	1
With cerebral arteriosclerosis	8	4	4	8
With other disturbances of circulation	9	....	1	1
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	4	2	6
Due to new growth	14	1	....	1
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Paranoia and paranoid conditions	19	....	1	1
Without mental disorder	23	1	....	1
Total		14	10	24
8-12 Months				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	3	1	4
Senile	11	1	3	4
Manic-depressive	17	1	....	1
Total		6	4	10
1-2 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
With cerebral arteriosclerosis	8	6	8	14
With other disturbances of circulation	9	1	....	1
Senile	11	3	7	10
Manic-depressive	17	4	....	4
Total		17	15	32
3-4 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	5	3	8
Senile	11	3	2	5
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Psychoneuroses	16	1	1	2
Manic-depressive	17	2	....	2
Dementia praecox (schizophrenia)	18	....	2	2
Total		12	9	21

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL—Continued
White Race

PSYCHOSES	Code No.	Men	Women	Total
5-6 Years				
With syphilitic meningo-encephalitis (general paresis)	1	....	1	1
With cerebral arteriosclerosis	8	2	2	4
With other disturbances of circulation	9	1	....	1
Senile	11	....	1	1
Due to other metabolic, etc., diseases	13	1	1	2
Due to unknown or hereditary cause but associated with organic change	15	....	1	1
Paranoia and paranoid conditions	19	1	....	1
Total		5	6	11
7-8 Years				
With cerebral arteriosclerosis	8	....	2	2
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	1	....	1
Dementia praecox (schizophrenia)	18	....	1	1
With mental deficiency	21	....	1	1
Without mental disorder	23	....	1	1
Total		2	5	7
9-10 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
With cerebral arteriosclerosis	8	2	....	2
Due to convulsive disorder (epilepsy)	10	1	....	1
Paranoia and paranoid conditions	19	....	1	1
Total		5	1	6
11-12 Years				
With cerebral arteriosclerosis	8	....	1	1
Manic-depressive	17	2	....	2
Dementia praecox (schizophrenia)	18	1	2	3
Paranoia and paranoid conditions	19	1	....	1
Without mental disorder	23	1	....	1
Total		5	3	8
13-14 Years				
Due to convulsive disorder (epilepsy)	10	1	....	1
Senile	11	....	2	2
Involutional	12	....	1	1
Psychoneuroses	16	....	1	1
Manic-depressive	17	....	1	1
Dementia praecox (schizophrenia)	18	1	1	2
Undiagnosed	22	....	1	1
Total		2	7	9
15-19 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
Due to convulsive disorder (epilepsy)	10	1	....	1
Involutional	12	....	1	1
Due to other metabolic, etc., diseases	13	1	....	1
Psychoneuroses	16	....	1	1
Dementia praecox (schizophrenia)	18	2	1	3
Paranoia and paranoid conditions	19	1	1	2
Total		7	4	11
20 Years and Over				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
Due to convulsive disorder (epilepsy)	10	....	2	2
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	4	4	8
Paranoia and paranoid conditions	19	....	1	1
Undiagnosed	22	....	1	1
Without mental disorder	23	1	....	1
Total		8	8	16
GRAND TOTAL		120	92	212

**AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
15-19 Years				
Due to convulsive disorder (epilepsy)	10	1	....	1
With mental deficiency	21	1	....	1
Without mental disorder	23	1	....	1
Total		3	....	3
20-24 Years				
Due to other metabolic, etc., diseases	13	....	1	1
Due to unknown or hereditary cause but associated with organic change	15	1	....	1
Dementia praecox (schizophrenia)	18	2	1	3
Total		3	2	5
25-29 Years				
Dementia praecox (schizophrenia)	18	2	3	5
Without mental disorder	23	2	1	3
Total		4	4	8
30-34 Years				
With syphilitic meningo-encephalitis (general paresis)	1	....	1	1
Due to alcohol	5	2	....	2
Due to convulsive disorder (epilepsy)	10	1	....	1
Dementia praecox (schizophrenia)	18	2	2	4
Without mental disorder	23	1	1	2
Total		6	4	10
35-39 Years				
Due to convulsive disorder (epilepsy)	10	1	1	2
With mental deficiency	21	1	....	1
Without mental disorder	23	1	1	2
Total		3	2	5
40-44 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	....	2
With other forms of syphilis of the central nervous system	2	....	1	1
With cerebral arteriosclerosis	8	1	....	1
Due to convulsive disorder (epilepsy)	10	....	1	1
Manic-depressive	17	....	1	1
Dementia praecox (schizophrenia)	18	4	1	5
With mental deficiency	21	....	1	1
Undiagnosed	22	....	1	1
Total		7	6	13
45-49 Years				
With syphilitic meningo-encephalitis (general paresis)	1	3	....	3
With cerebral arteriosclerosis	8	1	1	2
Due to convulsive disorder (epilepsy)	10	1	....	1
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	....	1	1
With mental deficiency	21	1	....	1
Total		7	2	9
50-54 Years				
With syphilitic meningo-encephalitis (general paresis)	1	2	1	3
With cerebral arteriosclerosis	8	4	2	6
Due to convulsive disorder (epilepsy)	10	1	....	1
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	1	2	3
Without mental disorder	23	1	....	1
Total		10	5	15

**AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES—Continued**

Negro Race

PSYCHOSES	Code No.	Men	Women	Total
55-59 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With other infectious diseases	4	1	....	1
With cerebral arteriosclerosis	8	4	1	5
Due to other metabolic, etc., diseases	13	....	1	1
Dementia praecox (schizophrenia)	18	....	1	1
Without mental disorder	23	2	....	2
Total		8	3	11
60-64 Years				
With cerebral arteriosclerosis	8	9	8	17
Due to convulsive disorder (epilepsy)	10	2	....	2
Senile	11	....	2	2
Manic-depressive	17	1	1	2
Dementia praecox (schizophrenia)	18	1	....	1
Total		13	11	24
65-69 Years				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	6	6	12
With other disturbances of circulation	9	1	1	2
Senile	11	....	1	1
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	1	1	2
With mental deficiency	21	....	1	1
Total		10	10	20
70 Years and Over				
With syphilitic meningo-encephalitis (general paresis)	1	1	....	1
With cerebral arteriosclerosis	8	13	5	18
With other disturbances of circulation	9	....	1	1
Senile	11	5	12	17
Manic-depressive	17	1	....	1
Dementia praecox (schizophrenia)	18	1	1	2
Total		21	19	40
Unascertained				
Without mental disorder	23	1	....	1
Total		1	....	1
GRAND TOTAL		96	68	164

LABORATORY OF TROPICAL DISEASES ANNUAL REPORT 1951-1952

Dr. W. P. Beckman, Superintendent
South Carolina State Hospital
Columbia, South Carolina

Dear Dr. Beckman:

The annual report of the Laboratory of Tropical Diseases, National Institutes of Health, U. S. Public Health Service, in conjunction with the South Carolina State Hospital for the year ending June 30, 1952, is respectfully submitted.

During the year, the program of research on parasitic diseases, especially those pertinent to a mental institution, was enlarged. Because of the nature of parasitic diseases, they tend to become more prevalent under conditions of crowding. This adversely affects the health of the residents, increases the medical care necessary, and adds to the duties of the staff. We are seeking to increase the knowledge of parasitic infections and particularly to find better methods of treatment and control.

Investigations on malaria and its use in the treatment of neurosyphilis continues. As an adjunct to the work, the laboratory functioned as a national center for the distribution of therapeutic strains of malaria. During the year 140 inocula were shipped to physicians and hospitals in 27 states. Information on the method of using malaria was supplied frequently upon request.

We have continued a cooperative program with other organizations in an effort to find a curative drug for malaria. Infected mosquitoes have been furnished for inoculation of prisoner volunteers in federal and state prisons. As a result, there is now promise, for the first time, of a drug that will radically cure malaria.

The laboratory continues as headquarters of the Section on Epidemiology, Laboratory of Tropical Diseases, National Institutes of Health, with branch laboratories at the State Hospital, Milledgeville, Georgia, University of Tennessee Medical School, Memphis, Tennessee, and Federal Correctional Institution, Seagoville, Texas.

The staff has given lectures and laboratory demonstrations to classes of medical students, nurses, college students, and various other groups on the current research and work of the laboratory.

Summary of Research

The significance of Korean vivax malaria relapsing in returned troops. It was shown that the Korean *vivax* malaria relapsing in returned troops can be readily transmitted by the common malaria vectors of this country. It is apparent that such relapsing malaria constitutes a health hazard to this country unless precautions are taken to prevent the transmission of the disease and the consequent establishment of foci of malaria infections in the civilian population.

It was also shown that the Korean *vivax* is similar to the *vivax* malaria indigenous to this country and differs from the South Pacific malaria introduced during World War II.

An improved treatment of malaria. It was established that certain types of malaria could be treated satisfactorily with a single intramuscular injection of 450 mgm. of chloroquine dihydrochloride. Certain other drugs were shown to be less efficacious.

The structure of malaria and trypanosome parasites. Detailed knowledge is needed of the minute structures of these important disease agents to better understand their mode of action and to aid in their differential diagnosis. Definite morphological characteristics were established for certain strains of malaria indicating that they are definite reproducible types. Additional information was secured on the division processes of these parasites.

Exo-erythrocytic stages of Plasmodium falciparum. In co-operation with the Milledgeville, Georgia laboratory, the bodies (exo-erythrocytic) which develop in the internal organs of the body between the time of the bite of an infected mosquito and the appearance of parasites in the red blood cells were described. These tissue phase parasites are undoubtedly the cause of relapse in malaria.

The search for better treatment of intestinal parasites. Of several drugs tried, one, terramycin hydrochloride, appears to be effective in the treatment of *Enterobius vermicularis* (seat-worm or pinworm) which is probably the most prevalent intestinal parasite of man. Other new drugs were tried. Some were promising but additional trials are necessary for critical evaluation.

The study of mosquitoes. *Anopheles aztecus* was established in colony. Efforts are underway to colonize *A. earlei*. Several

cross-breeding (hybridization) attempts between different anopheline species were successful. The food requirements of several species were studied and some specific information obtained. During the year a total of 625,789 mosquitoes were reared.

Papers Published

The technical information on the complete phases of the above reports is contained in the published papers. Copies of these papers may be obtained from the laboratory upon request. The papers published during the year were:

1951—

Hunninen, A. V. Comparative Susceptibility of Four Anopheline Mosquitoes to *Plasmodium relictum*. Jour. Nat. Mal. Soc. 10(3) : 216-223.

McLendon, S. B. and Young, M. D. Response of *Plasmodium malariae* Infections to Three Different Drugs. J. A. M. A. 147(9) :822-823.

Eyles, D. E. and Young, M. D. The Duration of Untreated or Inadequately Treated *Plasmodium falciparum* Infections in the Human Host. Jour. Nat. Mal. Soc. 10(4) :327-336.

Young, M. D. and Burgess, R. W. Susceptibility of *Anopheles quadrimaculatus* to Korean *vivax* Malaria. Publ. Health Rep. 67(1) :14-16.

Young, M. D. Book Review: Malaria and Its Control in Bombay State. D. K. Viswanathan. Jour. Nat. Mal. Soc. 10(4) :369.

1952—

Wolcott, G. B. Mitosis in *Trypanosoma lewisi*. Jour. Morph. 90(1) :189.

Ramakrishnan, S. P., Young, M. D., Jeffery, G. M., Burgess, R. W. and McLendon, S. B. The Effect of Single and Multiple Doses of Paludrine Upon *Plasmodium falciparum*. Amer. Jour. Hyg. 55(2) :239-245.

In addition to the director, the members of the staff are: Dr. Robert W. Burgess, entomologist; Dr. Gordon B. Wolcott, cytol-

ogist; Miss Aimee Wilcox, protozoologist; Mr. William M. May, parasitologist (medical); Mrs. Julia S. Cole, medical technician (parasitology); Mr. J. C. Skinner, Mrs. Johanna Killoy, and Mr. E. Kenneth Dukes, medical biology technicians; Miss Mary H. Loudon, statistical clerk; Miss Ada P. Hall, procurement clerk; Mrs. Mary N. Schwinn, secretary; Miss Connie Karnazes, stenographer; and John Sharper, Jr., laboratory animal caretaker.

Dr. A. K. Anwikar, Curetor cum Lecturer, Medical College, Nagpur, India was an observer during the week of September 10-17, 1951.

Respectfully submitted

MARTIN D. YOUNG

Director

DEPARTMENT OF MENTAL HYGIENE

*To the South Carolina Mental Health Commission
Columbia, South Carolina*

Gentlemen:

I have the honor to submit the annual report of the Department of Mental Hygiene, South Carolina State Hospital, for the fiscal year ending June 30, 1952.

The Mental Health Act, No. 836 of the 1952 Acts, became effective upon the signature of the Governor on March 7, 1952, not allowing time to put its provisions into effect during this year. Among other things, it provided for a Mental Health Commission to be in charge of all mental health facilities, a State Director of Mental Health, and that the Mental Health Commission shall also be the State Mental Health Authority. In view of the fact that time did not permit setting up a central organization this year our mental hygiene activities were continued under the Department of Mental Hygiene of the hospital.

No new mental health clinics were organized during the year, but prospects were bright to secure personnel to begin such a clinic in Columbia in the near future. Clinics were continued in operation in Greenville, Spartanburg and Charleston.

One major change in policy was made by the Board of Regents, now the S. C. Mental Health Commission. At its regular meeting on March 20, 1952, it was decided that communities would be assisted financially on a matching basis. The community desiring a continuation of or the establishment of a new mental health clinic would be required to contribute one-third of the cost of operation and the State would furnish two-thirds of the cost. The communities were notified of this policy and steps were taken by the communities to secure local financial support. By the end of the fiscal year no definite promise of support had been made, but the clinic personnel were encouraged to the extent of anticipating cooperation in securing the one-third of the budget.

During 1951-1952 two psychologists and one psychiatric social worker completed their academic training and returned to duty within the State. Mr. J. Roderick Hallum took the position of chief psychometrist in the Spartanburg Clinic in October 1951, and the other two completed their training in June 1952, and contracted to begin their clinic duties in 1953.

The following changes in personnel occurred during the year. In July 1951, the Spartanburg Mental Hygiene Clinic acquired the services of a psychiatric social worker II, Mrs. Alma L. Small. In October 1951, the Greenville Mental Hygiene Clinic acquired the services of a psychiatric social worker I, Mrs. Elizabeth D. Winfrey (nee Miss Elizabeth M. Denny). As mentioned above Mr. J. Roderick Hallum took over the psychological duties in the Spartanburg Clinic in October also. The Spartanburg Mental Hygiene Clinic lost their clerk, Mrs. Sarah Turner, in March 1952, and Miss Evelyn Bennett was employed to replace her. Plans were made to employ the psychologist in Greenville, Mr. Robert V. Heckel, on a full-time basis beginning July 1, 1952.

Efforts made during the year to obtain personnel for a proposed Mental Hygiene Clinic in Columbia resulted in the potential services of a part-time psychiatrist, Dr. James B. Galloway, a full-time psychologist and a full-time psychiatric social worker. Dr. Martha Westrope, who received her Ph.D. in June 1952, will assume a position in the Central Office of the Department of Mental Hygiene until time to take over the duties of clinical psychologist in the Columbia Clinic. The psychiatric social worker II, Miss Elyse McKeown, who also completed her graduate training in June, will be placed in the Greenville Mental Hygiene Clinic beginning July 16, 1952, to obtain additional experience in a community setting which will aid in the assumption of her duties as the psychiatric social worker in the Columbia Clinic.

One psychologist remains in training for 1952-1953.

During the year three workshops or seminars were sponsored by the Department of Mental Hygiene with the cooperation of the U. S. Public Health Service and local specialized groups. The first was a one-day meeting for general practitioners with Dr. Milton Rosenbaum as guest speaker. The next was a workshop for directors and supervising personnel of nursing schools in the State which was planned and directed by the Director of Nursing Education of the State Hospital, Miss Martha M. Bradley, R. N. Four outstanding leaders in this field assisted in the program. Immediately following this meeting was a workshop for ministers which was planned by Chaplain J. O. Kempson of the State Hospital. Dr. W. G. Hollister,

Mental Health Consultant of the Public Health Service Regional Office, assisted with these three programs which were considered very successful for initial programs.

The clinic personnel are doing more for mental health education in the communities than heretofore. They are participating in workshops, institutes, conferences and other meetings as needed to interpret the mental health program to the communities.

Mental Health Week was observed throughout the State and the Central Office cooperated by making films and pamphlets available for distribution.

Additions have been made to the film, book and pamphlet libraries during the year. An important forward step was made in handling the pamphlets in that a revolving fund was set up for the purchase of pamphlets in order to have a continuous supply. Funds collected from the sale of these pamphlets will be returned to the revolving fund. The pamphlets will be sold beginning July 1, 1952 and a price list will be available for distribution.

The films were used 963 times during the fiscal year which was an average of approximately 34 times per film. If the present trends continue, the films will be in increasing demand during the coming year as requests have been more numerous than heretofore. New film and pamphlet lists will be distributed by the beginning of the next school year.

The following statistical material indicates to some extent the work done by the clinics during the year:



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	Charleston	Spartanburg	Greenville	Total
REFERRALS:				
Total referrals	657	222	320	1,199
Number cases discharged	646	197	296	1,139
SOURCES OF REFERRAL:				
Department of Public Welfare	89	15	39	143
Department of Health	11	39	6	56
Schools, public and private	90	21	44	155
Courts	49	18	27	94
Physicians	281	57	104	442
Parents, relatives, guardians	20	61	28	109
State Hospital	3	1	2	6
Family Welfare Agency	12	5	12	29
Other	102	5	53	160
Total	657	222	320	1,199
REFERRAL GROUPING:				
Number of referrals of State institutions	3	1	2	6
Number of referrals, children, adults, from general population	654	221	318	1,193
Total	657	222	320	1,199
NUMBER OF VISITS:				
To psychiatrist from patients	828	447	837	2,112
To psychologist from patients	628	345	334	1,307
To social worker from patients	1,263	1,057	511	2,831
Total from patients	2,719	1,849	1,682	6,250
From others to psychiatrist regarding patients	104	12	277	393
From others to psychologist regarding patients	64	12	177	253
From others to social worker regarding patients	129	303	629	1,061
Total from others regarding patients	297	327	1,083	1,707
Total all other visits to clinics	235	177	171	583
Grand total of visits	3,251	2,353	2,936	8,540

Location of clinics:

Charleston—275 Calhoun Street, Charleston.

Spartanburg—205 Pine Street, Spartanburg.

Greenville—600 County Office Bldg., Greenville.

Yours very truly

WILLIAM P. BECKMAN, M.D.
State Director of Mental Health